Clinical Observations

DELIVERED IN

THE GLASGOW ROYAL INFIRMARY.

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ON THE TREATMENT OF THE ACUTE DISEASES OF THE CHEST.

PART II. (*November 23rd*, 1865.)

GENTLEMEN,—I think I shall have time to-day to finish the remarks made at last lecture, which you will recollect was upon the case of a man labouring under a very acute and dangerous chest disease, who got better in the course of a very short time. I will not go back upon what I said of that case, further than to remind you of the remarks made just at the end of the hour. I had only time to tell you that he was convalescent and gone. I intended to have told you also that he had gone sooner than I was at all disposed to approve; that he had been a great deal too rapid in taking advantage of his own convalescence, and that on that account I do not feel at all sure at this moment that it was a good convalescence. He became impatient, and insisted on leaving the house before I thought that he was well able to be out of bed. I need not tell you that he exposed himself to great risks by so doing, but we cannot help that; and as we have not heard of him since (in the way of his coming back), we are bound to conclude that the risk was avoided. I do not know the fact that he has continued well, and therefore I do not guarantee it to you. But there is no doubt that the force of the disease was broken, and he was in full convalescence at the time that he insisted on going out.

Now at the close of the hour I raised four questions, which are so very important to be considered in all such cases, and particularly so important to you as matter of clinical instruction at the beginning of a session, that I have deliberately set aside other very pressing matter for the purpose of giving you a few words upon these questions. I told you that I had the most profound conviction that some years ago this patient would very likely have been bled—bled on the ground that he had inflammation of the chest, involving very serious dyspnœa and oppression; but at the same time that a great number of cautious physicians, even in those days—in the days of much bleeding,—would probably have restrained themselves from bleeding this man. I told you also that I had, if possible, a still more profound conviction that this man, falling into the hands of many modern physicians, (a class, or school of physicians in fact, who consider themselves eminently modern in their ideas, and are largely represented amongst us in the present day,) would have been stimulated to the top of his bent; that he would have been taking, say, half a bottle of brandy in twenty-four hours, almost from the first time he was seen. I have told you that these are my true, genuine, unexaggerated convictions of what would have been the practice in this case in certain hands, and I am bound, therefore, to justify to you the practice you saw pursued, which was none of these, but (as it happened in this case) what you might almost call a do-nothing practice (medicinally speaking) modified by giving of stimulants to a very small extent, and by very careful feeding, and attention to all the conditions of health in other respects. Good nursing, in short, as I often say to you, is the best part of physic in very many cases; and in this case it was so most emphatically.

On what principles, then, did we regulate the practice in this case? First, why did we not bleed? I think that question is easily answered in the present day. We are none of us great bleeders in the present day.* I am certainly not so, and have not been so for years. You may say, in fact, that, looking merely to the personal history of my own convictions and practice, I never was a Sangrado, or anything approaching to this; no, not even what some of my friends would have called a "moderate" venesectionist in pneumonia. If I have erred in this matter I am satisfied it has been on the side of caution on the whole; indeed, for several years after the great epidemic of fever in 1847–48, I think I absolutely *never* bled, and although not in theory entirely opposed to bloodletting, I do not remember to have found one single case to try it in until 1851 or 1852, when in a very few cases I cautiously tried it again. And since that time, although still extremely, even nervously, cautious in the use of this remedy, and extremely measured in my language as a teacher with respect to it, I feel pretty certain that my convictions have rather tended to ripen in favour of bloodletting than to go in the common direction of getting stronger against it. And the reason is, because I began practice with a full dose of scepticism as regards heroic remedies in general, and bloodletting in particular. I began practice in the year 1846, which was just about the time that homœopathy and other methods of inert practice† had begun to make a great ferment in the world of opinion, and had thus induced thoughtful and dispassionate men to question the grounds of the old heroic remedies, and, as a matter of conscience and duty, to sift their doubts to the bottom. And thus, you may say, it happened that I was pretty well initiated in medical scepticism, or perhaps it would be more correct to say, had pretty well sounded the depths of medical unbelief, as to strong or heroic remedies, and bloodletting in particular, before I was well out of my studentship. The consequence is, that I have not had to go through this process of gradual dissolution of fixed beliefs, from which many medical men have suffered such violent changes of opinion during the last twenty years. I have indeed much stronger beliefs now than I probably had twenty years ago. But these personal matters are not what I am here to speak about, and they are indeed of small importance. I only think it right to explain to you once for all my personal position with regard to many of the controversies of the last quarter of a century; not with the view of influencing your belief or disbelief in any of these remedies, but rather with the view of clearing off an old account, and being done with it. I do not think it part of my duty as a teacher, especially in the clinical lecture-room, to drag you through the mire of all these controversies. You will perhaps trust me to give you the results of what has passed through much sifting in my own mind; and if you can acquire the conviction that I am doing so honestly, it is far better for you in this stage of your studentship that you should not be obliged to go into these controversies at all. Therefore in what I say now I do not refer to any controversies that have been or are at present going on. I refer to results that have been gathering and accumulating with me in the experience of twenty years, and which have been gathered and accumulated to a great extent from *personal* experience, not without regard for the fair and just views and statements of others, but certainly without any disposition to enter keenly into mere verbal and doctrinal controversies, which are sometimes, no doubt, of great importance in the discovery of truth, but very often are conducted on principles by no means edifying to you.

Well, then, why did we not bleed? Because, to put it in as

* One of my colleagues, indeed, in the hospital here, who has for many years been largely engaged in family practice, now in town and formerly in the country, tells me that, since coming to Glasgow ten years ago, he has not once bled or ordered bleeding of his own accord, either in hospital or in private practice, though once moved to bleed in a case of puerperal convulsions at the instigation of a very eminent senior when he himself did not consider the remedy required. The same gentleman declares that in eight years' practice in a well-known watering-place on the coast, involving much experience both of town-bred and country-bred disease, he had not occasion to use his lancet more than half a dozen times, if so often; and this, although his opinions have never been and are not now adverse to bleeding, in the very few cases in which he considers it to be required. My own experience is that, since coming to Glasgow more than three years ago, I have thought proper to order bleeding in five cases, the brief summary of which is as follows:—In one case, fatal, it was ordered purely as a forlorn hope in asphyxial heart-disease. In another (twice repeated), at the suggestion of Dr. Mackenzie, in so-called rheumatic iritis, with, I think, manifestly good results. In the other three it was for very urgent and acute chest-disease, and the results were highly satisfactory to my mind; but in one of these cases, nevertheless (the least urgent), I am convinced that the recovery which followed would probably have taken place without bloodletting, the actual recovery being, however, as matter of fact, extremely and strikingly rapid.

† In a little volume just published by Dr. George Balfour, entitled, "An Introduction to the Practice of Medicine," (Edinburgh, A. and C. Black,) and in an introductory lecture lately published in THE LANCET, the reader will find many interesting details relating to the revolution in medical practice here adverted to; and, without tying myself absolutely to all, or indeed any, of Dr. Balfour's opinions, I am most willing to admit, what indeed no modern physician ought to refuse to admit, his claim to have given a *point d'appui* for a wholesome scepticism by his observations in the *British and Foreign Medical Review* on the practice of Skoda and of the Vienna Homœopathic Hospital in acute diseases. It was very difficult to make admissions in favour of Nature in those days without appearing to lend support to quackery; but Dr. Balfour is fairly entitled to the credit of great impartiality, and those who profited by his thankless labours ought to give willing testimony to their indulgence as leading to a direction of medical thought and observation, not indeed new, but supported by new and more striking evidence of the powers of Nature to heal disease.

short words as possible, I have acquired from experience the conviction that bleeding, while still a remedy of great value for an extremely small class of cases, is a remedy which must not be thought of for the routine treatment of cases of inflammatory disease. You must at once remove from your minds altogether the idea that because a thing is an inflammation, therefore bleeding is the normal remedy for it. There is a class of cases, a small and limited class of cases, which I shall endeavour to point out if opportunity occurs, in which you will bleed still, and in which, if I do not mistake, you will bleed with if possible increased conviction of the value of bloodletting. But that is a very small and limited, a very exceptional class of cases; cases of great danger, in which, however, the danger is not at all adequately represented by saying that the patient is under an acute inflammation, but rather by something much more complicated, and requiring much longer exposition. This was not one of that class of cases, clearly. It was an inflammation of course. It was even a very acute inflammation, culminating in a very brief period of days. Granted all that. But it was an inflammation in a subject the very opposite of the kind of subject in whom bloodletting is occasionally beneficial in great and rare crises. It was an inflammation in a patient who literally could not afford to spare one drop of his blood, and in whom anything of a weakening practice would have been in all probability fatal. And here let me say just one other word about bloodletting from this general point of view, the only further remark that I have time for to-day. *Bloodletting is never, in cases in which it is required or expedient, a weakening or depressing practice; and it is wrongly practised if done with that view.* Put that down as an aphorism. Whenever bloodletting proves a weakening practice, it is bad practice. If you ever bleed, and your patient does not feel even stronger than formerly twenty-four hours after the bloodletting, you have bled at a disadvantage, and probably wrongly. The object of bloodletting, therefore, is the very opposite of what used to be represented as the object of it. It is not to depress the circulation or to weaken the patient, and so to control the disease; but it is to control the disease, and so to strengthen the patient by giving him the firm hold and right use of his remaining blood for the proper nutrition and support of the system under the disease. Now that is all I have got to say about bloodletting just now.

Secondly. Why did we not stimulate on the scale that some would have done? One would say, in a sense, that there was every inducement to do so in this man's case. I have reason to believe that he was by no means a temperate man; that he was a man to whom considerable quantities of spirits would have been no very great or unusual stimulus. Why did I not give him a great deal more? Why did I not give, say, a bottle of brandy in the day in this case? (I am trying to put everything in an aphoristic form just now. We shall have opportunities, no doubt, of expanding this by-and-by.) Because I have by experience acquired a very profound conviction *that alcoholic stimulants generally are not food; that they do not directly feed and restore the system; but that they do so indirectly, in so far as they minister to the power of the system to assimilate other and more real food.* I believe, in other words, that every drop of whisky or wine, but especially of whisky and of those stronger stimulants which do not contain the saline and organic matters that constitute part of the value of wine as a restorative agent,—every drop that you give to the patient beyond the quantity that assists in maintaining the digestion of ordinary food is, not to say *lost*, it is far *worse than lost;* it goes to poison the blood, just as much as if you were conveying into the system so much belladonna, or so much aconite, or so much opium. And, therefore, while I believe very decidedly in stimulants, as I believe in bloodletting; while I believe that they have a function, and a very great and valuable function, to perform in the cure of disease, you will be under constant temptations to transgress that proper function of them, unless you hold in view the caution that I am now giving you.

Thirdly. Why did we not give tartar emetic, or some other form of antimony, in this case? Not that I do not *believe* in antimony; for you shall see me give it, and I hope, before the session is over, that you will see me give it in circumstances that will convince yourselves as well as me of its great efficacy and value. But leaving all that question to be discussed hereafter, the reason that I did not give antimony in this case was because I have learned by experience that antimony, while most valuable in one class of cases, is a dangerous medicine in another class of cases; and in particular that in all cases of far advanced disease—*in all cases where the nutrition of the body has been ill-supported; where the patient is emaciated and haggard-looking from the effects of acute disease; where the bodily powers are depressed and the tissues imperfectly nourished, and the stomach has been for many days in a state not capable of assimilating nourishment,—in all such cases* (I say) *the indication of nourishment is paramount to all other indications,* and certainly paramount to anything that you can get out of any drug, and more especially such a drug as antimony. Therefore you observed at the bedside how carefully I inquired into the circumstances of this man's case with a view to detect the state of his nourishment. The moment I found out that this man's nourishment had been in abeyance for a considerable time, I said, "We must give him no antimony until we see that his nourishment is attended to;" and the result of the case itself prevented me giving antimony after that, because the patient got better so rapidly that he did not require it.

Now the fourth question, on which I shall barely touch to-day, and which may be answered in few words now (we may have occasion to come back upon it afterwards), is this: "Why did I not, with this great amount of scepticism that you see underlying my faith in drugs, and which I do not care for a moment to conceal from you—why did I not at once, honestly and manfully as you would say, go into the position that drugs are utterly useless, and instruct you to give no drugs at all in such cases as this, and systematically to put them all away?" For this plain reason, that I do not believe that drugs are utterly useless; that I believe in them still with an undoubting faith, and a faith all the more undoubting that I have gone through the whole process of mind of this scepticism long ago, and have come round again to the conviction that drugs are very useful in some cases; although no doubt, as I trust I shall never be afraid to tell you, they are often given, even by regular physicians, to the very great and serious injury of the sick. It is our great privilege in medicine, gentlemen, to be able to look one another in the face, and tell each other exactly what we think, without the danger of being brought to book before any conclave of authorities, or by means of any formula of opinions. We are not fettered by dogmas, or bound down by confessions of faith; and therefore I can always speak to you freely and without reserve, not being in the least bound to appear to believe more than I do actually believe. This is our greatest and most precious privilege in the practice and teaching of medicine; it should give us a very solemn sense of responsibility in the handling of medical truth, which is not ours nor of our making, and which we have absolutely no right therefore to employ for party purposes or for personal glorification, but only with a constant and watchful regard for the interests of the sick who are committed to our care. With respect to this matter of giving active remedies, therefore, I desire to be at liberty to give them or not—to tell you that I believe in them or not, according to the circumstances of the particular case, and without the least prejudice to the general doctrines that may be taught in class-rooms here or elsewhere, or expounded in books, or bandied about in controversies, all of which have their proper place and sphere, but all of which, in the clinical wards and class-room, are superseded by a more direct and simple manner of teaching.

OBSERVATIONS
ON
THE POINTS OF RESEMBLANCE BETWEEN CATTLE PLAGUE AND SMALL-POX.

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No. III.

IN this communication, as in the last, I purpose to notice certain objections that have been raised to the view that the cattle plague may be a malignant form of small-pox, and to adduce evidence of an experimental character in favour of that view or in disproof of it; and also to make a few remarks on the success that has attended the practice of vaccination of cattle in the hands of different experimenters.

I. Many observers have remarked to me that the cattle plague cannot be small-pox, because in a great number of cases they have found no eruption on the skin. This is accounted for by the circumstance that most animals affected with the plague die, and that death very often occurs before the cuta-

nocus eruption is well developed, just, as I am assured by Mr. Busk, as usually happens in a South-Sea islander attacked with small-pox. If the animal does not survive the third or fourth day of the disease, the only element of the eruption likely to be found is roseola; and as this only comes into view after separating the hair by shaving or scalding, it is apt to be overlooked. It is on the eighth or ninth day, or later, that the pustular scabs are found in perfection, and accordingly they have been chiefly observed in the comparatively rare instances of animals that recover; and then they are often found covering the back, ribs, and neck, as in a person recovering from confluent small-pox; and their presence is almost invariably accompanied by indications of great itchiness—another character which cannot fail to remind the observer of small-pox. Here is what Dr. Mortimer, secretary of the Royal Society, wrote a hundred and twenty years ago. In describing the symptoms of the cattle plague of his day he speaks of "scabby eruptions in the groins and axillæ, which itch much; for a cow will stand still, hold out her leg, and show signs of great pleasure when a man scratches these pustules or scabs for her."* With this it is interesting to contrast the following passage from a letter written to me on the 12th inst. by Mr. Tollemache, High Sheriff of Cheshire:—"One of my tenants," he says, "Thomas Cornes of Acton, a cottager, had a cow and two calves. One calf and the cow died of rinderpest. The other calf was very ill, but is now recovering and is pretty hearty. Cornes discovered yesterday and to-day that on the thinnest part of the skin, about the shape and thighs, there was a kind of breaking-out through the skin. There was a mass of scabs, which are now shelling off. The calf appears very *itchy* indeed, and is rubbing itself against everything it can. Surely this is small-pox!" Dr. Bellyse, of Nantwich, also, thus describes the condition of two heifers, the only two which remain out of a herd of fifty:—"On their noses, especially on one of them, there are evident pittings; and the whole surface of the skin about the back and ribs and neck is covered with thick dry scabs, just like a human being who has had an attack of confluent small-pox. They are all now peeling off."

II. It has been argued that, if the cattle plague were small-pox, there ought to be evidence of its communicability from cattle to men. Hitherto the remarkable case of Mr. Hancock, the particulars of which have already been recorded in the pages of THE LANCET, stands alone. On the supposition that cattle plague is small-pox, the immunity of human beings at the present day might fairly be attributed to the protection conferred by vaccination, or by a previous attack of small-pox. But it is justly contended that a like immunity was enjoyed long before the days of Jenner, or even of inoculation. The authors who at the beginning of last century described the history of the cattle plague with such remarkable fidelity and minuteness, are silent as regards its communicability to man, if they do not expressly state that those persons who were brought into the most intimate contact with the diseased cattle suffered nothing. It is well known, however, that great difficulty is often experienced in transmitting an acute specific disease from one species of animal to another, although it can be propagated readily enough amongst animals of the same species. The small-pox of sheep affords a remarkable illustration of the truth of this law. Few doubt that this disease is small-pox; and yet of 250 inoculations (punctures) with the virus of sheep-pox made by Mr. Marson and Mr. Ceely, not one succeeded. Mr. Ceely observes:

"I ovinated twenty-five subjects, whose ages ranged from three to fifteen years; some twice and thrice over. In none were there fewer than *six punctures* each time, making not less than 180 punctures. No specific disease resulted. ..... Nearly all the above subjects were shortly afterwards vaccinated with current vaccine lymph, which in each case exhibited the normal effects. I may as well add, also, that the same kind of ovine virus, which did not succeed on children, took promptly on sheep."†

More than this. The experiments of Mr. Ceely, Mr. Marson, and Professor Simonds, conducted on a most extensive scale, show that sheep-pox is not only not transmissible to man, but cannot be propagated to any other animal than the sheep.‡ It may be said, however, that what applies to sheep does not apply to cattle, because we know that ordinary cow-pox is easily transmissible from the cow to man. But, first, it must be remembered that ordinary cow-pox is transmissible to the human subject solely by means of inoculation. There is no evidence that the poison can be propagated through the atmosphere. And secondly, the same remark applies to that severe and fatal disease of Indian cattle which was described in my last communication, which in its symptoms corresponds in every respect with rinderpest, and which has been proved by experiment to be identical with human variola. "It is an extraordinary fact," says Mr. G. G. Macpherson, of Moorshdabad, writing in December, 1832, "and worthy of remark, that while the cows were thus affected no case of variola amongst the natives in the village presented itself; and although the people were averse from handling or going much among the cattle at the time of disease, still they all scouted the idea of infection, stating that they never heard of anyone contracting disease from the cow."* It is therefore in no way surprising, even on the supposition that rinderpest is a form of small-pox, that human beings have not suffered from it; but it is not unreasonable to expect that inoculations of human beings, unprotected by vaccination or by a previous attack of small-pox, with the virus of rinderpest, may now and then produce results similar to those obtained in India by Messrs. Macpherson, Brown, and Furnell, and to those recently observed in this country in the case of Mr. Hancock. It is not to be imagined, however, that such experiments will succeed except in a small fraction of cases. The singularity of Mr. Hancock's case must be viewed in connexion with the fact that it is extremely difficult to inoculate cattle, even when unprotected by previous cow-pox, with the virus of human variola. According to the most practised inoculators of this country, Mr. Ceely and Mr. Badcock, success is not attained once in fifty cases. It is a remarkable fact that ordinary cow-pox is easily transmissible from the cow to man and from man to the cow, but that the severe form of variola, whether in man or in the cow, seems to be transmitted from one species to the other with the greatest difficulty.

III. The vaccination of cattle is at present attracting so much attention, that it may be interesting to make known the method adopted, and the results obtained, by observers throughout the country. The information communicated to me may be of service to others who wish to have recourse to vaccination. And in the first place it may be well to state that, owing to the difficulty in obtaining vaccine lymph from the cow, that has not passed through the human subject, the lymph employed has been almost invariably vaccine lymph from a child, in the first instance. When this has taken effect, the lymph from one cow has been employed to vaccinate others. There is a common impression that the lymph of human variola is more potent; but, as already stated, the contrary is the fact. In most cases it will fail to produce any effect, whereas vaccine lymph from a child in the majority of cases seems to succeed.

Mr. Fletcher, of Bromsgrove, Worcestershire, writes to me that he has been in the habit of vaccinating cows from time to time during the last thirty years, and that he has "obtained satisfactory results in the ratio of 75 per cent." His practice has been to insert three points at the junction of a teat with the udder. The operations never caused any great constitutional disturbance, but vaccine vesicles, not unlike those in a child, were produced, which, in the first instance, contained clear lymph. These vesicles reached maturity on the eighth day, or from that to the tenth; but now and then they were fully formed on the fifth day, and by the seventh day all was a dry scab.

Dr. Bellyse, of Nantwich, has been one of the most energetic and successful vaccinators of cattle during the last few weeks. It was he who vaccinated Mr. Tollemache's cows, which formed the subject of Case II. in my last communication. He has employed vaccine lymph procured from the National Vaccine Institution, but mainly from Edinburgh. At first he vaccinated in only one point, but now in two points, and he prefers using three, when he has a sufficient supply of lymph. He has always vaccinated in the tail, about four inches from the root, on one side, so that the place cannot easily be rubbed. He has been successful in fully one-half of his cases. From four of Mr. Tollemache's cows he vaccinated many others, in a large proportion of which the vaccination took. No very obvious constitutional symptoms were observed, but a characteristic vaccine pock the size of a pea, and with surrounding swelling of the tail, was developed.

Mr. Mathews, surgeon, of Nantwich, has vaccinated about 600 cattle, and distributed about 2000 points of lymph. He first employed vaccine lymph from children, but now he uses lymph from cows successfully vaccinated. He makes two punctures about four or five inches from the root of the tail,

* Philosophical Transactions, 1745; vol. xliii., p. 554.
† Simonds on Variola Ovina, 1848, p. 154.
‡ Report of Experiments made under direction of the Lords of the Council as to the Vaccination of Sheep. 1864.

* Trans. Med. and Phys. Soc. of Calcutta.

at one side, first pulling out the hair. Of 162 cases occurring in seven herds, of which he has given me the particulars, and where he employed recent lymph, the operation was successful in 133. He thus describes what he considers to be the signs of successful vaccination: "The local signs are inflammation, then slight elevation of the skin, afterwards pitting in the centre. The lymph then, in many cases, oozes out and forms a crust over the place punctured, as large as a nut in some instances, in others not so large. In some cases the lymph is ready to be taken on the eighth day, but in the majority of cases on the tenth day; in some few cases I have had it as early as the sixth day. The constitutional signs differ in most of the cattle: some are very ill, restless, dull, and lose their appetite; in other cases the vaccination makes no difference to the animal at all."

Dr. Dobie, of Chester, and Mr. Oldman, of Huntingdon, have been vaccinating in the ear, and have succeeded in the majority of cases. Of "several" cases thus operated upon by Mr. Oldman, perfect vaccine pustules were developed in all but one. Dr. Dobie says: "Ears have been very itchy. An elevation of circular form, flattened on the surface and depressed in the centre on the fourth day. On the seventh and eighth day this is covered with a brownish cracked crust, easily removable with the lancet, and exhibiting (after removal) a raw depression, filled or moistened with a pellucid, mucus-like fluid."

Dr. Lord, of Crewe, vaccinates in two places near the vulva. In some stocks he has done, the whole have taken; in others the vaccination has failed. "This," he says, "I am sure, is owing to the lymph. Results improve weekly. I never consider a case successfully vaccinated unless the edges of the pock are elevated, white, and glistening, cupped in the centre, and an areola round the base. Constitutionally I have never been able to detect any change in the symptoms save an increase of thirst and restlessness."

Lastly, Dr. Vaughan, of Crewe, who is public vaccinator to one of the districts in the Nantwich Union, and who has vaccinated a very large number of cattle, has "not had more than ten per cent. of unsuccessful cases." He writes thus:—"I employed in the first cases ordinary lymph from the arm of a child, and afterwards from beast to beast. My mode of operation has been this. I select as the most convenient spot, both as regards facility of operation and protection of the vesicles, the portion of skin devoid of hair by the side of the vulva. Drawing the skin tightly over the ischial prominence, with the point of a curved bistoury I make from three to five slight incisions, about a line in depth and half an inch long. These do not bleed, but exude sufficient serum to dissolve the lymph dried on the points, when such are used (though I prefer tubes). Having introduced the lymph, I loosen the stretched skin, and the incisions close so as not to be visible, effectually imprisoning the deposited virus. In this way I have produced by the eighth day (occasionally by the fifth or sixth) as many as six well-matured vesicles exactly resembling those produced on the arm in infant vaccination, and yielding lymph in such plenty that I have vaccinated sixty beasts with the lymph procured from one. The vesicles, with their surrounding subcutaneous effusion, have raised a swelling equal in size to a florin or half-a-crown. I have not observed any particular constitutional symptoms."

Operators would do well to imitate the plan employed by Dr. Vaughan, who appears to have met with such remarkable success. It is to be feared that much mischief is being done by amateurs and others attempting vaccination without any knowledge of its proper mode of performance or of its successful results. In the human subject one vaccine pock is not believed to afford sufficient protection from variola, and if this be so, it is surely insufficient in the case of the cow. The practice of vaccination runs the risk of being unjustly condemned from want of due care in its performance.

IV. I shall now adduce additional evidence of an experimental character having an important bearing on the identity or non-identity of cattle plague and small-pox. With one exception, that communicated by Mr. Fairmann to a contemporary of the 13th inst., and of which I have obtained additional particulars, all the facts communicated to me bear out the opinion that an attack of rinderpest is prevented or modified by vaccination or by a previous attack of cow-pox. With regard to Mr. Fairmann's case, although the evidence is somewhat conflicting, it is on the whole rather opposed to the view, provided the attack from which the cows suffered last autumn was undoubted cow-pox. On the other hand, all the gentlemen who have been good enough to communicate to me the results of vaccination speak of its preservative influence against rinderpest in the most confident terms. In many cases the disease in a herd appears to have been at once arrested by it. Vaccinated cattle in infected herds have either entirely escaped or the symptoms have been greatly modified by it, so that the animals have speedily recovered, although almost all of the non-vaccinated cattle in the same herd had died. The retardation of the vaccine vesicles in Case VIII. is also worthy of notice. In addition to the evidence on the protective influence of vaccination contained in Cases II., III., V., VI., VII., VIII., and IX., many others of a similar nature have been communicated to me, the detailed particulars of which I have not yet ascertained. For instance, I have been informed on excellent authority of one large herd in Northamptonshire, in which forty-three cattle had died of rinderpest, and in which the survivors were vaccinated, the result being that all the cattle that had been successfully vaccinated escaped.

Dr. Dobie, of Chester, also writes as follows:—"None of my vaccinated cows have taken the disease, although it exists within a hundred yards of those first vaccinated. In one instance rinderpest does exist in the herd, only a limited number of which have been vaccinated from want of lymph."

With regard to the protection conferred by a previous attack of ordinary cow-pox, in addition to the evidence contained in Cases I., IV., and X., I may quote the following instance mentioned to me by Dr. John Brown, of Edinburgh, the detailed particulars of which I hope to receive in a few days.

Dr. Brown writes:—"Major Cumming Bruce informs me that in a farm in Aberdeenshire there were seven cows took the true cow-pox last summer. Well, the pest visited the farm two weeks ago and swept away all the other cows, leaving the seven unharmed."

Lastly, the importance of the experiments of which the commencement is detailed in Cases XI. and XII. cannot fail to be apparent.

CASE V.

For the details of this case I am indebted to Dr. Bellyse of Nantwich. The circumstances happened among his own cattle, five in number. On Jan. 1st he vaccinated them all. It is not quite certain whether lymph from a cow or from a child was employed, but it was probably the former. In four of the cows the operation was successful, fine vaccine vesicles being the result. In the fifth the vaccination did not take, and accordingly on Jan. 9th she was revaccinated. On the following day, however, she was seized with symptoms of what both the veterinary surgeon and inspector confidently declared to be rinderpest, and died in two days. The four other cows remain well to this date (Jan. 18th).

For the following two cases I am indebted to Mr. W. Mathews, surgeon, of Nantwich, whose method of vaccination has been already described. Mr. Mathews has communicated many other similar cases, which are purposely withheld until the evidence is more mature. It may be mentioned, however, that he has vaccinated about 600 cattle, most of them successfully, and that in no instance has he known rinderpest commence after the vaccination has thoroughly taken, although the disease is raging on all sides.

CASE VI.

On Jan. 16th Mr. Mathews writes as follows: "I vaccinated for Mr. S. Dutton, of Hatherton, on Jan. 1st, 5 cows, and on Jan. 6th 24 cows, total 29. Of these, 23 were successful, 6 unsuccesful. This gentleman's *calves* were all infected with rinderpest, when his *cows* were vaccinated; 6 were dead when I asked after them on the 14th inst, and 3 were still ill. One *cow* died on the 15th inst, and there are two more suffering from rinderpest, none of which were successfully vaccinated. The others were all well to-day when I called."

CASE VII.

This case also is given in Mr. Mathews's own words: "On Jan. 6th I vaccinated for Mr. Chesworth, of Burland, 10 cows; 9 successful, 1 unsuccessful. The unsuccessful one was attacked with rinderpest on the 9th inst., and died on the 14th inst. All the others perfectly well up to the 16th inst."

CASE VIII.

The following extract is from a letter of Dr. Vaughan of Crewe, whose success in vaccination has been already referred to:—

"With regard to any evidence as to the protective influence of vaccination, when I commenced to operate I held no opinion on the matter. I simply did as I was requested; but subse-

quent observation has led me to believe that, if not a preventive (which I do not think it is), it is at least a powerful palliative. Not only in the case of several infected stocks within my knowledge has the disease disappeared on the successful vaccination of the survivors, but those in other stocks which have been attacked have seemed to have the complaint in a very mitigated form. I vaccinated three cows of an infected stock on the 3rd of January. On the 6th one of the three was attacked with the disease; but whereas in the three cases which had occurred in the same stock previously the cows had died on the third or fourth day, this one was by the seventh day so far recovered as to be replaced in the byre. *But the progress of the vaccine pustules was retarded.* They were not matured before the twelfth day. Otherwise they ran the same course as in the other two, whose vesicles were drying up when these ripened. I have other beasts in the same stock now under observation under conditions exactly similar, or where the disease has shown itself during the growth of the vaccine pustules. If the results should be at all similar in even a large proportion of the cases, they will furnish a powerful argument in favour of vaccination."

CASE IX.

The circumstances of this case are very similar to those of Case VI. On Monday, Jan. 15th, Dr. Bellyse, of Nantwich, wrote to me as follows:—"I vaccinated a large herd of valuable cows for Mr. Hornby, M.P., who lives opposite to me, a fortnight since next Wednesday. In looking over the stock a week since, I revaccinated a few that had not taken. In three or four days afterwards one of these revaccinated cows sickened, was 'off its feed,' and altogether unwell. Mr. Lawson (the chief veterinary surgeon of Manchester) has been over to see it, and says it is a very mild case of rinderpest, and, I hear, believes that it has been modified by vaccination. I have an exactly similar case at Mr. Akroyd's, of Doddington Hall, and in this case the cow is improving. Another instance is at Mr. Broughton's, of Wistaston Hall. The cow is in this case quite well again."

In confirmation of this and the last-mentioned case, the following extract from a letter of Dr. Lord, of Crewe, may be quoted: "My faith in vaccination increases daily; so much so, that I have thought that a partial effect of vaccination—say four or five days—has modified considerably the attack of rinderpest."

CASE X.

The details of this case have been communicated to me by Mr. Macintosh, veterinary surgeon of Dumfries, N.B., who has investigated them with great care. In a farm close to Dumfries, thirty out of forty cattle have lately died of rinderpest; and in another farm, distant only 150 yards, twenty-nine out of thirty cattle have also died of it. A third farmer, also close by, who had three cattle, lost them all. The eleven cattle in the first two farms which did not die, had the disease severely. Two other cows on the first-mentioned farm, belonging to two farm-servants, and kept in separate sheds, also had the disease, but in an extremely mild form, and both recovered. They both had loss of appetite, lumbar pain, and discoloration of the lining membrane of the vagina, and one had an aphthous mouth; but these symptoms were of very short duration. These two cows had cow-pox during the previous summer. Of this Mr. Macintosh has no doubt after examining the owners of the cows. There is no evidence, however, that any other of the cows on the three farms ever had cow-pox.

CASE XI.

On the 12th inst., Mr. Tollemache, of Dorfold Hall, Nantwich, amongst whose cows the spread of rinderpest was to all appearances arrested by vaccination, wrote to me as follows:—"I yesterday (Jan. 11th) sent a calf of thirteen months old to a very infected stock. This calf took the vaccination better than any of the cows, at least apparently so.* The matter could be seen through the scab before the scab was lifted. I have subjected this poor animal to a very severe test. She was turned into a loose place, in which was a calf very ill with rinderpest, and another calf lying dead from the same disease, which the farmer had not time to bury, as he was engaged in digging graves for two cows that had died beforehand. The dead calf, however, was removed in about half an hour after my calf was put in the loose place with her and the sick one. The sick one and mine are together, and will remain so."

On Jan. 16th Mr. Tollemache writes as follows:—"The *experimentum crucis* seems satisfactory indeed! The calf is healthy and well, having been confined in a kind of Black Hole of Calcutta for five days and nights, with four calves that have died in succession of rinderpest. The space in which the calves were shut is literally no more than nine feet square. Fancy the fetid atmosphere, all the chinks and holes in the walls being crammed with straw to keep the wind from the calves ill with the rinderpest! I have moved my poor calf out of this horrid place, and she is running about in a large roomy shippon, in which, alas! there are now no cows."

This experiment is being conducted under the superintendence of Dr. Bellyse, and the result must be watched with great interest. Although some time must elapse before it can be regarded as in any way decisive, I have thought it better to detail the circumstances of the case at its present stage. The progress of the case will be detailed hereafter.

Jan. 18th (by telegram): "Mr. Tollemache's heifer seized yesterday with symptoms of rinderpest, but is better this morning."

CASE XII.

On Jan. 16th Mr. Mathews, of Nantwich, writes as follows: "I have left an affected cow (with rinderpest) in a shed with four successfully vaccinated cows. It has been there three days, and I intend them to remain together until it either recovers or dies, to see whether any of the four will take the rinderpest now that they are successfully vaccinated. I will give you further information at a future time."

CASE XIII.

Some of the particulars of this case are given in a medical contemporary of the 13th inst. by Mr. Fairmann of Hanley, who visited the farm during a short journey into the plague-stricken districts. The facts are briefly these. In a herd of seventy cows belonging to Mr. Boote, six cows were attacked with rinderpest, three of which were dead at the time of Mr. Fairmann's visit. The first cow was seized on Dec. 30th. During the autumn of last year cow-pox is said to have prevailed extensively amongst this herd, although all were not attacked. The hands of the milkers were affected with what the family medical attendant believed to be cow-pox. Three of the six cows attacked with the rinderpest are said to have had the cow-pox, and one of these cases had died.

Since the first particulars of this case were published I have, through the kindness of Mr. Fairmann, seen Dr. Waterton of Betley, the medical attendant of the farmer above referred to, who kindly undertook to obtain for me additional information. The eruption on the hands of the milkers, he says, consisted of two or three pustules like vaccine pustules on the backs of the hands. In reply to the question, "With regard to the three cows that had rinderpest after the cow-pox, is it perfectly certain that they had cow-pox, and on what evidence?" he writes, "Not perfectly certain that they had cow-pox. They had an eruption on the teats, but not on the udder in any one case." It is right to add, however, that Mr. Fairmann remarks, "I myself observed the marks of the cow-pox on the udder of one of the cows now under the disease." Up to January 16th, seventeen of Mr. Boote's cattle had been attacked, of which five had died.

* It was vaccinated, however, I believe, in only one point.

NOTES ON THE PREVENTION AND TREATMENT OF CHOLERA.

BY C. MOREHEAD, M.D., F.R.C.P.,

LATE PRINCIPAL AND PROFESSOR OF MEDICINE AT THE GRANT MEDICAL COLLEGE, AND SUPERINTENDING SURGEON OF THE JAMSETJEE JEJEEBHOY HOSPITAL, BOMBAY.

1. THE first practical rule is to confine our action to the application of those principles which previous experience of the disease justifies us in entertaining. But is this attended to? Certainly not. The threatening or outbreak of cholera is met by panic and spasmodic efforts, as if it were something new. All is confusion and alarm, and endeavour to frame new theories out of old observations, and to act upon them.

2. Let us inquire what of our knowledge of cholera is as yet uncertain, and therefore inapplicable to practice; and what are the facts which we may regard as certain, and therefore safely use for the prevention and treatment of this disease. (*a*) The exciting cause is an epidemic one—a something in the

atmosphere, the exact nature and the laws of which we do not understand. (*b*) Its action is favoured by all those conditions of atmosphere, of locality, and of human constitution (mental and bodily), which are adverse to health. (*c*) If infectious at all, it is so in a very limited degree, under crowding and neglect of scrupulous cleanliness. (*d*) The premonitory stage of diarrhœa and the consecutive stage of reaction are, in their course and issue, very materially influenced by medical treatment, including the judicious use of familiar articles of the materia medica. The characteristic stage of collapse, with or without rice-water purging, is not amenable to the action of articles of the materia medica, for a very evident reason—that absorption is, with the other vital actions, in abeyance more or less; but the result of this stage—i. e., death, febrile reaction, or gradual recovery—is very materially influenced by assiduous and judicious nursing and care.

3. How are these facts to be practically applied? (*a*) This in its present state is a subject for further careful observation and inquiry; it cannot as yet be safely brought within the domain of practice. (*b*) It includes all the well-understood sanitary measures relating to purity of atmosphere, and the bodily and mental condition of the members of a community, which should be systematically enforced at all times, whether cholera threatens or not. If only brought into use with panic and irregularity when cholera threatens, then the adverse influence on the mind of the community does much to neutralize the good effect of the sanitary measures which relate to improvement of the bodily condition of the community, and the unmaking of the nidus for the cholera epidemic poison. The remark made by Dr. Parkes (p. 433) in his excellent work on Practical Hygiene—viz., "general feebleness of health gives no predisposition"—is opposed to my personal experience, and, in my opinion, a grave etiological error. (*c*) If, as I believe, and as is the general belief in India, cholera be infectious at all, it is so in a very limited degree. Then the application of a quarantine system is not only unnecessary, but is calculated to be injurious, because it favours panic, and, if not at all points perfectly organized, it exposes those subjected to it to discomfort—that is, to predisposing and exciting causes of disease. The principles noted under *b* and *d* are sufficient to meet what there may be of infection in cholera. (*d*) It is of great importance to apply these principles of treatment with care and judgment in a well constructed and ventilated hospital, with strict attention to cleanliness by a well-disciplined establishment; for I am satisfied that by such a system the rate of mortality may be very materially lessened. Let this, however, be done with a steady eye to improvement in detail and method; but wild haphazard experiment, in the expectation of finding a special means of at once or very speedily removing the extreme collapse of cholera, is not only vain but injurious; for it tends to the use of medicines which, by accumulation, become an evil in the event of reaction, and it withdraws attention from that rational system of management by which the rate of mortality is undoubtedly decreased. Therefore in all communities from time to time visited or threatened by cholera, there should not only be an efficient sanitary system of prevention, but also a well-considered method of treatment and hospital organization, officially recognised, and ready to be brought into practice when the necessity occurs.

4. Procedure in regard to outbreaks of cholera in India is now ruled by a general order of the Commander-in-chief, dated 7th April, 1862. In this order it is wisely directed that officers should be thoroughly acquainted with the ground twenty miles round stations, with the view of selecting sites for the encampment of troops on the outbreak of cholera: and it might have been added that suitable and ample camp equipage should at all times be ready in store with this view, because to move troops struck with cholera from barracks and positions where sanitary conditions are defective often is a necessary and important step. But it is further ruled, in this order, that as soon as a case of cholera is reported at a station the troops will be moved into camp, and that no unfavourable condition of the weather is to prevent this movement being carried out. This, in my judgment, is a most unwise infringement on the exercise of that discretion with which each visitation should be met by the authorities on the spot; because, (*a*) in the hot and rainy seasons, when the barrack and other conditions of a station are good, life in camp under canvas will in all probability prove the greater evil; (*b*) the movement into camp at these seasons cannot be effected without increasing the panic and causing more exposure and fatigue—i. e., without inducing more or less of the conditions of marching life, which it is well known are in the hot and rainy seasons predisponent of cholera; (*c*) the right treatment of cholera, of which so much consists in protection from heat, cold, and wet, and in careful nursing and watching, cannot be efficiently conducted under canvas. Therefore any good in the way of prevention may be more than neutralized by an increased rate of mortality of the attacked. I believe that a reference to Army Medical Reports drawn up since this general order came into operation will show that when it has been rigidly enforced, the rate of mortality has been most unusually high—60 per cent. and more,—without there being sufficient proof that the ratio of attacks to strength has in any degree been lessened. (See Report of 93rd Highlanders, p. 406 of Army Medical Reports for 1862.) I am aware that Dr. Parkes (at page 433 of his work) says, "In India it should be a rule to treat every cholera patient in a tent." On the contrary, in my judgment, it should be a rule in India, whenever practicable, to treat every cholera patient in a well ventilated and constructed hospital, with all the means and appliances of a well organized and disciplined establishment. No doubt where an hospital is bad and crowded cholera patients will be better under canvas; but the statement as put by Dr. Parkes, if acted on, will in the long run augment the mortality-rate of the sick from cholera.

5. Surely our experience in cholera by this time amounts to something, and leads to some safe practical conclusions. Why are these not methodically applied in the meantime, while by cautious and patient observation we seek for further light? For example, it is very right, by a study of the general conditions of localities and seasons and peoples visited by cholera, to endeavour to increase our *certain* knowledge of the causes of cholera; but why is the surest method of coming to true results on the etiology of disease so entirely overlooked in the instance of cholera—I mean, generalization from a large number of carefully-studied individual cases? It seems to me that this is the only method by which we can ever hope to learn with accuracy and certainty the causes of cholera, as well as of all other forms of disease; it is the *test* by which to judge of the truth of the conclusions to which the *general* study of the forces which influence the human system (i. e., the causes of disease) may conduct us. Yet I know of no series of carefully observed cases of cholera in which the attention necessary to this end has been fixed on the previous history of the individual. We have enough in our records of present symptoms and of pathology; but where is to be found that sufficient note of the previous history—that part of a clinical case which has mainly to do with etiology? I would lay it down as an axiom, that positive and certain facts in etiology are only to be reached through extended faithful clinical observation; all else is very useful and suggestive, but without the clinical test it can never be absolutely trustworthy. This patient clinical study of cholera is not only necessary to elicit new truths, but also to correct errors. For example, it is no doubt true that in cholera seasons a draught of impure water may be a *determining* cause, just as a mild dose of Seidlitz or other saline, or a teaspoonful of castor oil may be, and ought, as these, to be carefully avoided; but to give to impure water the place in the etiology of cholera assigned to it in the Report of the Royal Commission on the Sanitary State of the Army in India, is a preposterous application of a series of loose and one-sided opinions and statements, which can only serve to withdraw attention from other causes and lead to disappointment. Impure water is, doubtless, a sanitary evil, and calls for prompt and decided removal. But in this and all other questions of sanitary science, it cannot be right to lose hold of the sound principles of the inductive philosophy, and to run riot in the field of sensational writing.

November 17th, 1865.

ON SYPHILIZATION.

By HOLMES COOTE, Esq.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

I venture to offer some remarks on the treatment of syphilis by the process termed "syphilization," founded on experiments lately carried on in the female venereal ward in St. Bartholomew's Hospital under my care. It would be tedious to repeat the daily details in each case; I will therefore premise that the number of patients was five, and with all the proceeding was optional. The pus was introduced by Dr. Boeck himself, in the presence of Mr. Orton, my house-surgeon. Three punctures were made with the point of an armed lancet every third day. The regions selected were, first, the sides of the chest;

secondly, the arms; and thirdly, the thighs. The effects of such punctures were similar. On the day following, a red pimple appeared; this became a pustule, which finally spread into an open circular and painful sore, the duration of which, covered by some simple application, was from three to six weeks or longer. The ulcers on the trunk were for the most part smaller than those on the limbs, and they seemed to heal more readily. After about two months of repeated inoculations the fresh pustules became smaller, the virus seeming to lose its effect. But none of the patients consented to the completion of the treatment; the pain attending the presence of so many open sores—in some instances amounting to between fifty and sixty—depriving them of rest. And although I did not observe any sensible injury to the general health, yet I did not remark any positive improvement in the local disease; while the ulterior effects of the introduction of so much poison could not fail to be a matter of anxiety.

The evidence, then, to be deduced from a consideration of these cases in reference to the treatment by syphilization must be considered inconclusive; nevertheless certain points may be discussed with advantage.

1. The process is undoubtedly tedious, painful, and nasty. The duration is three months; the sores are a constant source of discomfort; and there is something repugnant to the feelings in the idea of having introduced into the system the virus from the syphilitic ulcers of other persons.

2. We are as yet without evidence as to the effects on the individual of this saturation of the system with the poison. Does it only convey personal immunity? and if so, how long does such immunity last? What is the effect on the female of such treatment as regards her offspring?

On the other hand, the experiments seem to prove that the varieties of syphilitic sores depend more on the structure of the parts on which they are situated than on any other cause, inasmuch as inoculated sores on the integument bear a close affinity one with another. Also, that there is but one poison, if the statement be true that the pus from any form of syphilitic ulcer is equally fit for the treatment by syphilization.

Queen Anne-street, Cavendish-square, Jan. 1866.

ON A CASE OF

CARCINOMA IN THE CELLULAR TISSUE SURROUNDING THE LEFT KIDNEY, IN A CHILD SEVEN YEARS OF AGE.

BY EDWARD ELLIS, M.D.,
PHYSICIAN TO THE ROYAL PIMLICO DISPENSARY.

THIS case, which presents many features of great interest, occurred in a little boy seven years of age, who came under my care at the Pimlico Dispensary on the 20th of January, 1865. His history, in brief, was as follows:—

Edward F——, born and has always lived in London. Mother healthy. Father phthisical (latterly, however, he has been a hard drinker, and from the nature of his occupation he is much exposed to cold). There is one brother also decidedly phthisical. There is no history whatever of cancer in the family. The child in question was very healthy in every way till about a twelvemonth ago, when he was noticed to have "a big belly," and soon after he began to complain of pains round the back. The scrotum also became occasionally swollen into knots, and from time to time he suffered from boils. There was also, his mother states, an occasional swelling of the left leg and left side of the face; this never persisted more than a day or two, and whilst under my care it never once occurred. Of the acute specific diseases, he had had measles four years ago, small-pox six years ago, scarlet fever three years ago.

January 21st.—Present state: The aspect of the child as he lies on his back on the bed is one of extreme suffering; the face is pale, pinched, and wan; the emaciation of the body and limbs is extreme. The first thing that strikes the eye on looking at him is the enormous belly, which measures 23·5 inches round the umbilicus, and 24·5 inches a little above the umbilicus, which is the widest part; the ribs have been pushed upwards (the length from the xiphoid cartilage to the umbilicus is 6 inches; from the umbilicus to the symphysis pubis, 5 inches). The breathing is laboured; the pulse 80, weak; tongue furred; the bowels are moved every day by the aid of small doses of castor oil (as prescribed for him by Mr. Barnes, the late house-surgeon to the dispensary, in whose care the child was before he came under me, and to whom I am indebted for some of the facts of the history). The motions, especially lately, are often black, though he is not taking steel. He is seldom sick, and he has never vomited blood. His appetite is good, sometimes quite voracious. He suffers very frequently from attacks of extreme pain, referable to the left side; in the intervals of these attacks he is cheerful. He is never delirious or light-headed. Heart-sounds healthy; respiration extremely puerile. On percussion, there is tympanitic resonance everywhere over the right side of the abdomen; as the left is approached, dulness commences a little to the left of the umbilicus, and extends over the whole of the left lumbar and part of the left hypochondriac regions, becoming modified towards its upper margin by the note of the stomach. The exact line of the dulness was marked with ink; but on subsequent examination it was not found to have varied much. What little increase in dulness did take place was downwards, and towards the back. On feeling carefully the left side of the belly, hard, nodular lumps are to be felt; and on passing the flat hand over the belly from right to left, the free edge of something much resembling to the touch the free edge of the liver is also distinctly to be felt. The urine is plentiful, passed without pain, and there is no sediment in it; its analysis revealed nothing of any moment. This my first note of the case left my mind in doubt whether it would prove tubercular or carcinomatous, and I felt disposed to regard the spleen or kidney as the organ concerned. The conclusion I ultimately formed will be seen farther on.

Feb. 2nd.—Until to-day there has been nothing particularly worthy of record since last note. The abdomen now measures 22·5 inches at the umbilicus, and 24 inches one inch above. The general appearances and circumstances much the same as at last note. The paroxysms of pain have continued, the child is evidently thinner, and the belly has increased in size. The urine, the mother tells me, has since yesterday been passed painfully; it is high-coloured and scanty in quantity. I took some away with me to examine, and Mr. Barnes also made a careful examination of another specimen. The specific gravity was 1020; it was acid, turbid, depositing on standing an abundant pale-fawn-coloured deposit. The turbid urine is rendered clear by heat, acetic acid and nitric acid; lithates visible under the microscope. I repeated this examination of the urine more than once, but always with a similar result: in particular, I could not succeed in getting evidence of a trace of albumen.

5th.—The child to-day complains of cough, for which some ipecacuanha wine &c. was ordered. The urine is more plentiful; the paroxysms of pain more severe than ever. I may add here, that the general treatment consisted mainly in the free use of morphia to control these agonizing pains, from which the poor little fellow suffered so frequently, and in the occasional exhibition, as before mentioned, of small doses of castor oil.

From this time till his death, which occurred on the 22nd, there were few special features to record. The urine became much more plentiful and less turbid. The last few days before his death the motions were excessively offensive, and mixed with a quantity of yellow pultaceous-looking stuff, but there was no blood in them. The mind was clear up to the very last.

Autopsy, nine hours after death.—At the post-mortem examination I was assisted by Mr. Snewin, the present house-surgeon to the dispensary; and my colleague Dr. Way was present during the greater part of the examination. The general surface of the body was very little discoloured. The stomach was much swollen and puffed up, and the veins over its surface were well marked; the hard nodular masses in the left lumbar region could be easily felt. On section, the muscular and fatty layers were attenuated to the last degree. The peritoneal coat was well defined. The intestines, inflated with gas, bulged up into the opening. The head was not opened. In fact the examination was made altogether under some difficulties, which must be my reason for being unable to furnish many particulars of value, such as the weights of the organs, &c., which I had been anxious to record. I do not know whether the opening of the head is the more or the less to be regretted, inasmuch as there had been throughout no brain symptoms whatever. If there was any cancerous deposit, however, it would have been curious to know with how much such deposit an immunity from brain symptoms is compatible. The lungs were small and shrunken, being very congested, especially towards the posterior portions. The prolonged

decubitus would of course account for this, as well as for a similar condition of congestion towards the deeper portions of most of the visceral organs. The right lower lobe and left middle lobe were the most congested portions of the lungs. On section there was much oozing of frothy, grumous serum. The free margin of either lung was studded with little raised nodular masses of carcinomatous deposit, varying from the size of a millet-seed to that of a small pea. At the apices there was also some of this deposit, scattered, however, sparingly. On drawing forward the lungs a very curious encephaloid deposit became visible on either side of the spinal column, enveloped in loose cellular tissue. It extended from the last dorsal vertebra almost to the first, thicker below than above, being two inches in breadth from the spine at its base and tapering to about an inch at the apex; it was roughly nodulated, and had all the characters of encephaloid cancer; it scraped with some little difficulty from the bone, and the bone felt roughened to the touch beneath. The heart was, on the whole, rather large, but healthy in tissue and structure; there were clots in the pulmonary arteries and veins. The liver was natural in size; there was a spot or two of carcinomatous deposit on the anterior margin of the left lobe, each about the size of a pea; and two other spots, the size of millet-seeds, a little way from the margin. Section showed congestion, but healthy tissue with these exceptions. The stomach, spleen, and pancreas were in every way healthy and normal. The right kidney was healthy—not so large as the left, and with no trace of cancerous deposit. Around the enlarged left kidney was found an enormous mass of lobulated encephaloid cancer, consisting of several distinct masses, held together by connective tissue, and varying in size from a walnut to a large potato. Between several of these, and quite separate and distinct, lay the left kidney. The cancerous mass, which was taken away for detailed examination, weighed two pounds and three-quarters. The bladder contained three or four ounces of clear urine, which was drawn off. Its analysis revealed a mere haze of albumen and a very suspicious-looking object, like a granular cast.

I subsequently examined the kidney. The capsule was readily separable. It was not large, although larger than the right kidney. It was heavy, very pale, and translucent in thin sections. Not a trace of olein globules was to be found. The interference of the tumour with the onward flow of the blood, checking the nutrition of the kidney, had evidently been productive of commencing Bright's disease. The cancer masses revealed nothing beyond the ordinary appearances of encephaloid. The blood-corpuscles were variously crenated and indented, some stellate, some oval, and others like an hour-glass.

On reviewing this case with the light of the post-mortem revelations thrown upon the symptoms manifested during life, there seem to me to be several noteworthy points. After one or two careful examinations of the child, it seemed most probable that the disease was a tumour, either tubercular or cancerous; and though the age of the child and some points in the family history favoured the idea of tubercle, yet I ultimately rejected that hypothesis on the ground of the extreme paroxysms of pain and the evident freedom of the lungs from much tubercular infiltration. I believe it is a rule well borne out by experience—and which this case certainly tended to corroborate by negative evidence,—that much tubercular infiltration of internal organs, especially in the young, very rarely exists without the apices of the lungs becoming the seat of tubercular deposit to a very appreciable extent. Feeling therefore that I had to do with a cancer, the question was, where was its site? On my first acquaintance with the case the suspicion more than once occurred to me that the kidney might be the affected organ; but, on repeated examinations, finding the urine to be healthy both in quantity and composition, never showing either pus- or blood-globules or encephaloid matter under the microscope, I rejected the kidney hypothesis as untenable, and regarded the spleen as more probably the organ affected; and this opinion seemed strengthened by the fact that, as before mentioned, in passing the flat hand from right to left over the belly a distinct edge—giving the idea of that of the liver—was always to be felt, and which I looked upon as the edge of a displaced hypertrophied spleen. By the sequel, however, we are taught that this was a case of encephaloid, showing no extraordinary avidity to fasten itself upon any of the viscera or parenchymatous structures, leaving the kidneys and spleen in particular absolutely free from infiltration, but originating and spreading remarkably in the areolar tissue. Some of the viscera, the lungs especially, were beginning to suffer, while others exposed to the same influences remained free from disease.

The case is a rare one, occurring in so young a child, and is, I think, interesting both in the matter of retrospective diagnosis, and in the commencing development of Bright's disease from physical conditions interfering with the proper nutrition of the kidney. One reason why albumen was not discovered during life may have been that the healthy kidney, continuing to do its work, so diluted the quantity passed as to render it inappreciable to the ordinary tests. The haze obtained even at the last was very faint, but both Dr. Way and myself were satisfied of its existence. Had the child survived a few weeks longer, no doubt albuminuria would have been evident enough.

Warwick-street, Eccleston-square, 1865.

ON A CASE OF

COMPOUND DISLOCATION OF THE KNEE; GANGRENE; AMPUTATION IN THE THIGH.

BY C. C. RICHARDS, M.D., M.R.C.S., &c.

HAVING within the last few months seen reports of cases of dislocations of the knee-joint, which are thought to be so rare, I am induced to place on record the following case of compound dislocation of the knee-joint, not as one of unusual occurrence, but simply because I think it a good specimen of an injury by no means uncommon in this part of the country—the great coal emporium of South Wales. That dislocation of the knee is considered rare may doubtless be attributed to the fact that comparatively few cases of the kind are seen in hospital practice, whereas they oftener occur in mining districts.

Dr. Davies, the gentleman whom I assist in his practice, has had (including the present case) seven cases of compound dislocation of the knee, in all of which he performed amputation in the thigh. In four the amputation was primary, in the other three the operation was secondary. Two of the patients who underwent the secondary operation died: one of tetanus; the other—the subject of this paper—of exhaustion, on the seventh day after the operation. All the others recovered. Hence the importance of having recourse to primary amputation in all cases of the kind. Simple dislocations of the knee invariably do well by attention to the means recommended in surgical works.

I did not see the following case at the time of the accident, as it was attended by a bone-setter, who, by-the-by, was formerly a carpenter, but now (so much for the Medical Act and the five guineas registration fee) gets a livelihood by acting as bone-setter, though he does not object to attend a case of fever.

The following is an account of the case from the time it was seen by me on the day after the accident:—

W. J——, aged twenty-nine, a robust-looking man, sustained a compound dislocation of the knee on October 3rd, by falling under a tram in the coal-pit. On the 4th, at the request of the manager of the works, I called to see the poor man. I found him in bed, with the right leg tightly bandaged up from two or three inches below the knee to the same extent above. Below the bandage the leg and foot were quite livid with congestion, and to the touch tense, as if a ligature had been placed around the limb. It was, moreover, in the horizontal position, with the foot depending; not a position, it will be admitted, favourable to the return of blood. The pulse was 120, full and bounding; tongue furred, and red in centre. In fact, the patient was suffering severely from the effects of the injury. Not having charge of the case, I left the house without making any observations as to the course of treatment adopted.

On October 6th I was asked again to visit the case, as the bone-setter feared it would not do well; so I accompanied Dr. Davies to see him once more, when we found that the tight bandage had been removed and replaced by another, but the leg was quite gangrenous.

On the 7th the patient sent up word that he desired to have the limb amputated, which Dr. Davies did in the middle third of the thigh.

Upon examination of the limb it presented the following appearance:—In front it was quite gangrenous, dry, and hard to the touch, quite leathery, to within two inches of the knee, where there was a well-formed line of demarcation. On the

back of the leg a semicircular line of demarcation had formed as high as the popliteal space, beneath which space, at the flexure of the knee, was to be seen the marks of a wound, extending completely across the leg, and having several sutures in it. A longitudinal incision was made, so as to examine the joint (which was as carefully dissected as the disintegrated state of the parts would admit), when a quantity of grumous serum escaped, and the following parts were found to be torn—namely, both heads of the gastrocnemius, tendon of biceps, popliteal artery, crucial ligaments, and part of the external semilunar cartilage; but neither of the cartilages had been entirely detached, and they looked quite healthy. The popliteal and peroneal nerves looked as if they had been much stretched, but were not torn. Further the leg was not examined, the principal object being to ascertain the state of the parts implicated after so severe an injury.

For two or three days after the operation the patient seemed to do well, with the exception of pain in the stump, which looked unhealthy, though not gangrenous, and discharged a quantity of grumous-looking secretion. From this time he got weaker and weaker, and died on the seventh day after the operation, or the eleventh after the accident.

I fully believe that if this man had been operated on at the time of the accident, the case would have added one more to the list of recoveries after amputation in the thigh for compound dislocation of the knee.

Bryngolwg, Aberdare, October, 1865.

A RARE CASE OF

PURPURA HÆMORRHAGICA OCCURRING AFTER SCARLATINA ANGINOSA.

BY HENRY KETTLE, ESQ., M.R.C.S.E.

MARY ANN R——, an exceedingly well developed little girl, aged about four years, was attacked with the usual symptoms of scarlatina on the 18th of November, 1865. The throat was much inflamed, and diarrhœa persistent throughout. About the sixth day erysipelas appeared around the left eye, and terminated in suppuration. After a most severe attack she slowly approached convalescence, but could only with great difficulty be induced to take small quantities of stimulants and nutriment.

At nine A.M. of Dec. 10th, she was suddenly attacked with vomiting of blood, with bleeding from the nose and the abscess beneath the eye. From the loud râle heard in respiration, there was also evidently hæmorrhage from the lungs. The fæces were bloody; but the urine could not be examined. Hæmorrhage continued with slight intermissions, in spite of all treatment, for more than seven hours, when death closed the scene. There appeared numerous but rather small ecchymoses upon the chest, abdomen, and back; but none upon the extremities. No post-mortem examination was allowed. There had been no dropsy or nephritis in this case.

I have never seen, heard, or read of a similar case, although I am aware that it has occurred after typhoid and other fevers of low type.

Smallheath, Birmingham, Dec. 1865.

FELLOWSHIP OF THE COLLEGE OF SURGEONS.—We pointed out recently the extreme imperfection of the examinations for the Fellowship of the College of Surgeons. We learn that this representation has not been without its effect, and that it has been resolved in Council to apply to the Secretary of State for authority to make such alterations in the bye-laws as will allow these examinations to be considerably extended and improved. We know too well the difficulties of carrying any change whatever into Council, and the especial horror which the senior members have of any profane hand being laid upon their chartered privileges, not to be aware that this is very significant; and the profession will receive this intimation with satisfaction. It is, however, but a very small instalment of what is needed. The imperfect and fragmentary nature of the examination for membership, which is a passport to surgical practice, is the standing disgrace of the College. It is undoubtedly the most deceptive diploma which exists in this kingdom; and the College is bound to institute, either by co-operation with the College of Physicians or singly, an examination which shall be more complete and satisfactory.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

KING'S COLLEGE HOSPITAL.

LARGE ANEURISMAL TUMOUR IN THE POSTERIOR TRIANGLE, DIAGNOSED BY THE AID OF THE SPHYGMOGRAPH; HÆMORRHAGE FROM RUPTURE; DEATH; AUTOPSY.

(Under the care of Sir WILLIAM FERGUSSON.)

THE two cases of aneurism which we publish this week may be advantageously considered together, for they are striking examples of the difficulty which often attends the diagnosis of such arterial lesions. They may be compared also with Mr. Heath's case at the Westminster Hospital, which appeared recently in our columns ("Mirror," Dec. 30th, p. 724), as well as with a case narrated by Dr. Davies in the "London Hospital Reports," vol. i.

We had frequent opportunities of observing Sir William Fergusson's patient. It was interesting to note that, with a large pulsating tumour bulging up from the supra-clavicular region, and threatening at any moment to burst and destroy him, the man appeared to suffer very little inconvenience. He was rather surprised indeed at being kept in bed, and was disappointed at not being allowed to go and see "King John" at Drury-lane Theatre. Mr. T. Howells, house-surgeon, has been good enough to give us some account of the patient's history.

M. W——, aged forty-three, a seaman, fell overboard on October 1st, 1864, striking the "bowsprit shrouds" in the fall. On arrival in port, his clavicle was found fractured about two inches from the sternum, and there was a small pulsating tumour about two inches above the sternal end of the clavicle. This tumour steadily increased in size. On his return to England he was admitted into the hospital on October 24th, 1865, twelve months after the accident.

On admission, the tumour is now about four inches in diameter, pulsates strongly, and bulges from the clavicular region of the right side of the chest, extending from the second rib to half way up the neck, and from the acromium to the sterno-clavicular joint. The skin over the tumour is of a light-red tint; but in one spot on a level with the clavicle, and about two inches to the right of the sternum, it is of dark purplish colour, and the aneurism appears to "point" at this part, under which a portion of bone may be felt. There is very little œdema of right arm. There is no œdema of the neck or face, no hoarseness or other alteration of voice, no difficulty of swallowing, and but little affection of breathing or cough. The vision is unimpaired, and the pupils of both eyes are equal; there is no arcus senilis. The hearing is unaffected. No bruit audible over the cardiac region, and the sounds of the heart are normal both at apex and base, but they can be distinctly heard over the tumour in the situation of the right sterno-clavicular joint. Ordered two grains of acetate of lead and a quarter of a grain of gum of opium in a pill three times a day.

Nov. 7th.—Aneurism increasing in size; more cough and difficulty of respiration.

30th.—With a view of supporting the gradually thinning skin, gutta-percha dissolved in chloroform was painted over the tumour, so as to form a thick layer on its surface.

Dec. 14th.—From increased size of tumour the gutta-percha coating has come off. The skin is ulcerating at the part where the aneurism points.

16th.—Complains of great pain in arm and shoulder.

21st.—Great difficulty in swallowing and breathing.

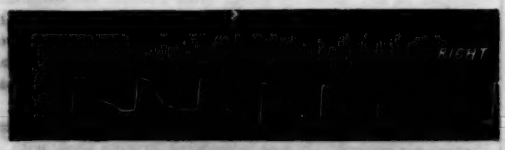
28th.—Tumour increasing over shoulder in front and behind.

Jan. 2nd, 1866.—Aneurism burst at six P.M. at the thin point. Not much blood lost, and bleeding was stopped by tincture of muriate of iron and graduated compresses.

P 3rd.—Heart's action much quickened. Digitalis was given, with slight benefit.

5th.—Further hæmorrhage took place from beneath the compress; and although the house-surgeon again succeeded in preventing any great loss of blood, death took place about twenty minutes subsequently, the tumour appearing to subside under the pressure applied, and leading to the inference on the part of those around the bed that its contents had found their way into the pleural cavity. It should be stated that subsequently to the first rupture of the tumour a patch of discoloration showed itself on the summit of the right shoulder, which induced an expectation that a second opening would occur at that point. This, however, did not take place.

During the progress of this case, considerable doubt was felt as to the exact seat of origin of the aneurism; Sir William Fergusson inclining to a belief that it sprang from the innominate artery or aortic arch, rather than from the subclavian artery, to which its position would render it at first sight most likely to be referred. On the occasion of one of Sir William's visits to the wards, Dr. Anstie, who was present, was requested to examine the patient with the sphygmograph of Marey, which is known to give valuable indications in many cases of aneurism. Accordingly the instrument was applied to the two radial pulses successively, and the following tracings were taken. It may be added that subsequent examinations completely confirmed the correctness of these tracings.



Those who are unacquainted with the working of Marey's sphygmograph must be told that each of the above tracings represents eight complete revolutions of the heart; each revolution being depicted by one of the main elevations into which the general line of the tracing is divided. Each elevation, or wave, consists of a line of *ascent*, which indicates the afflux of blood from the heart into the artery; the *summit*, which marks the point at which *arterial tension* exactly *balances* the force of afflux; and the line of *descent*, which corresponds to the period during which the blood is passing away through the capillaries, and thus emptying the artery. Each of these elements of the pulse curve is capable of giving important indications of the condition of the artery between the heart and the wrist. But the only circumstance necessary to dwell upon in the present case is the amount of *difference between the forms* of the two radial pulses. Such difference, if constant, *is always ground for suspecting aneurism;* and in the present instance aneurism was known to exist. But the researches of Marey have almost certainly proved that an aneurism of any considerable size situated in the *direct course* of the blood to the wrist, and so near to the latter as it would be were it on the *subclavian* artery, would much more greatly modify the form of the pulse on the corresponding side; in fact, would obliterate the characteristic elements of the pulse-wave, and reduce it to a form approaching the arc of a circle. The right pulse (side of the aneurism) in the present case was very far from exhibiting such a change. A distinct difference there was; but it was of such amount only as would correspond rather to the case in which the aneurism is situated on the arch of the aorta, or at the commencement of the innominate. Dr. Anstie expressed his opinion that the aneurism was not situated on the subclavian artery, unless (in spite of appearances) the sac had acquired such firm adhesions as to greatly destroy its character of an elastic pulsatile pouch; but rather that it arose from the aorta or the beginning of the innominate. He suggested the *possibility* that it might be placed in the first half of the common carotid, and thus out of the direct current; but, as Sir W. Fergusson justly remarked, a carotid aneurism of such size and situation is a thing almost unheard of. The tracings were submitted to Dr. Sanderson, who concurred in the opinion that the most probable diagnosis would be that of aortic aneurism. The post-mortem examination justifies this diagnosis, as the tracing given in a case of true aneurism rising from the aorta at the origin of the innominate would be determined by physical causes similar to those operating in a case of false aneurism presenting the circumstances which occurred in this case.

A post-mortem examination was made by Dr. Conway Evans, Pathological Registrar to the Hospital, to whom we are indebted for the following information.

All appearance of swelling about the upper part of the right side of the chest had disappeared. About two inches to the right of the upper end of the sternum was an aperture in the skin about the size of a sixpence (from which the blood had escaped during life), and through this opening the inner end of the fractured clavicle could be seen close to the surface. The aneurismal sac was large, capable of holding from two to three pints of blood. Forming a portion of the anterior wall, towards its lower part, was the clavicle, fractured five inches from its outer extremity; the inner end of the outer fragment inclined somewhat backwards into the aneurism. The right sterno-clavicular joint had entirely disappeared, and with it the inner fragment of the clavicle. One or two spiculæ of bone, adherent to the inner surface of the sac immediately over this situation, were the only remaining vestiges of these structures. The posterior surface of the upper end of the sternum was also much eroded, and formed a part of the anterior wall of the aneurism. The sac itself seemed to be in part formed by a condensation of the surrounding muscle, fascia, and areolar tissue, but it in part also consisted of layers of fibrinous material (more or less decolorized), evidently deposited from the blood which had passed through it. Outwardly and posteriorly the condensation of surrounding tissues became less and less marked, so that the sac-wall became gradually lost in the neighbouring muscular structures. At its inner extremity below, the aneurismal sac communicated with the aorta by an opening large enough to admit the forefinger, situate in the anterior wall of the innominate artery, somewhat above the point at which this vessel springs from the aortic arch. A little below this opening the anterior wall of the aorta was firmly adherent to the sternum. The subclavian artery lay behind the sac. The aortic arch was enormously dilated, and its surface internally studded with atheromatous patches.

LONDON HOSPITAL.

CONE-SHAPED ANEURISM OF THE ARCH OF AORTA, SIMULATING ANEURISM OF INNOMINATE.

(Under the care of Mr. HUTCHINSON.)

THE following case is of much interest in reference to distal operations for the cure of innominate aneurism. During the man's life everyone who saw the case diagnosed aneurism of the innominate; and the conjecture seemed to be confirmed by the cessation of pulse, first in the brachial, and afterwards in the carotid. Again and again the question as to the propriety of a distal operation was discussed. Had such been performed, it is clear that the man would have encountered the risk without the chance of the slightest benefit. It is difficult, even after the post-mortem, to suggest any means by which the diagnosis might have been made more certain. In addition to the question of diagnosis, the case is of interest in reference to the general treatment. The exhibition of lead was very fully tried. The other measures adopted were absolute rest in the recumbent posture, a dry diet, and the constant application of ice.

J. R——, aged thirty-seven, was admitted on the 25th of September, 1865, having been sent to Mr. Hutchinson by Dr. Tanner. The patient stated that for the last twelve months he had been in service, but that previously he had been a soldier. He first noticed a swelling at the lower part of his neck five weeks before, when putting on a clean jersey before going to play at cricket. It might have been there much longer. He had had no pain in it. On admission, he was in good health, though somewhat pale. There was a globular, pulsating tumour behind the right sterno-clavicular articulation, extending for perhaps half an inch above it, and bulging on either side of it. The joint was decidedly thrust forwards. The pulse at the right wrist was much feebler than that on the left side. He had no "aneurismal" noise, and could lie in any position without difficulty of breathing. His heart-

sounds were healthy. There was but slight bruit over the tumour. Dr. Morell Mackenzie examined him with the laryngoscope, and said that he could find nothing abnormal in his larynx.

Mr. Hutchinson remarked that it was very difficult to say whether this was a case of aneurism of the innominate or of the upper part of the arch of the aorta. There could be no doubt as to the tumour being an aneurism, but one could not tell how far it extended downwards behind the sternum. This seemed too low for an innominate aneurism, and there was dulness over the upper part of the sternum. As regarded operative interference, the only course open to him, supposing it to be of the innominate, would be to perform what is called the "distal operation;" that is, tying the vessels which arise beyond the aneurism, and by that means checking the flow of blood through it, though not into it. In this case, ligature of the subclavian and common carotid arteries would be necessary, either both of them at the same time, or at a short interval; but this was a very fatal procedure, and he would much prefer waiting to see whether spontaneous plugging of one or other trunk would not take place, and then he could tie the other with much less risk. If the aneurism were really of the first part of the arch, and not of the innominate, the operation would be of no use. He accordingly ordered a bag of ice to be kept constantly applied over the tumour, and two grains of the acetate of lead to be taken internally three times a day, and told the patient to drink as little as possible. The pill was continued till Oct. 13th, when he had an attack of colic, and then it was ordered at night only.

Oct. 18th.—His pulse is 60, barely perceptible at the right wrist, and irregular in power. The effect of the lead on the pulse is well marked; it has sunk from 84 to 60 beats in the minute.

Nov. 9th.—Mr. Hutchinson remarked that the tumour was becoming solid externally, but appeared to be increasing internally.

13th.—He is troubled with vomiting, and the pill is discontinued; he has no griping.

16th.—He said he had not slept so well the night before; he had a choking sensation in his throat. The pulse at the right wrist is just perceptible. His conjunctivæ are tinged yellow from a slight attack of jaundice. He was ordered five grains of mercury pill every night at bedtime. Lead continued in a diminished dose, and less frequently.

20th.—The jaundice has passed off.

23rd.—He is pale. There is a slight tinging of the conjunctivæ. He feels sick, and has vomited very much during the last fortnight. He has a griping pain in the abdomen. The lead is again discontinued. Four grains of iodide of potassium and one ounce of camphor mixture were ordered.

25th.—The pulse has risen to 72. It had hitherto kept about 60, with very little variation. He is very pale; tongue pale and flabby. He was very sick again last night, and was purged several times yesterday; conjunctiva is decidedly yellow. His ordinary respiration is unattended with noise; but when he attempts to speak, his inspirations become slightly stridulous at once. His voice for nearly a month has been decidedly aneurismal.

27th.—About two months after admission the radial pulse on the right side ceased to be perceptible. He is still very sick.

30th.—The carotid artery also seems all but obliterated; pulsation in it is exceedingly feeble. The temporal artery can just be found; radial still not to be felt. His respiration is noisy. The highest level of the aneurism now reaches to within about half an inch of the thyroid cartilage.

On Dec. 2nd, Mr. Hutchinson dictated the following note: The external jugular veins on both sides are full, that on the right side being fuller than its fellow. There is very visible projection along the right sterno-clavicular articulation and above it. The aneurismal tumour can easily be felt extending across the middle line to behind the origin of the left sterno-mastoid. On the right side it can be felt beneath the outer border of the clavicular origin of the sterno-cleido. Slight stridor accompanies both expiration and inspiration. He can change his posture easily, and when sitting up he can throw his head backwards without increasing the difficulty of breathing. Behind the upper part of the sternum it is dull on percussion. His pulsation on the left side both of radial and temporal arteries is much feebler than it was. On the right side no pulsation whatever can be detected in either the radial or temporal artery. The radial pulse on the left side is 120 in the minute. From first to last there has been nothing abnormal about the pupils, both being of equal and normal size.

6th.—Has great difficulty of breathing; no spitting of blood, nor so much sickness as he had. Mr. Hutchinson remarked that, as the difficulty of breathing was continuous and rarely came in paroxysms, he should conclude it was owing to pressure on the trachea, and not owing to irritation of the recurrent laryngeal nerve. The jaundice and the sickness, he suggested, might be owing to pressure on the trunk of the pneumogastric lower down. An aneurismal bruit is heard between the scapulæ.

8th.—His face is very dusky, and he has a troublesome cough, and spits up some phlegm not tinged with blood.

He died about SIX P.M. on the 10th.

At the autopsy, a large aneurismal tumour was found in connexion with the upper part of the arch of the aorta. There was an abruptly defined opening about the size of a florin in the anterior and upper wall of the aorta, close to but not involving the innominate. The coats of the aorta were fairly healthy, but there was a plate of bone-like appearance, of small size, in the coats of the aorta at the sinus of Valsalva. The valves were healthy. The first part of the ascending aorta was very much elongated, and its diameter increased. The carotid and subclavian arteries on the right side were almost free from clot, and contained a small quantity of fluid blood. The innominate also contained a small clot. The tumour extended upwards in front of the innominate and carotid to near the thyroid cartilage. The trachea was most decidedly flattened against the vertebral column; thus, as Mr. Hutchinson remarked, bearing out his view that the difficulty of breathing was produced by the pressure of the tumour on the trachea itself, and not on the nerves. One very interesting point, he also observed, was that no clots were found in the carotid and subclavian arteries sufficient to obstruct the circulation, as had been expected; the absence of pulsation in the branches of those arteries being explained by the great pressure directly on the innominate of so large an aneurism. The influence of the ice, which had been kept constantly applied to the tumour, was shown by the consolidation of the upper part of the aneurism; the lower only, which was behind the sternum, having fluid contents. The sternal end of the right clavicle was eroded deeply by the pressure of the tumour. The lungs were very crepitant throughout, and full of air. The liver was examined, and found to contain lead in considerable quantity.

Provincial Hospital Reports.

KIDDERMINSTER INFIRMARY.

(Clinical and Statistical Notes by Dr. JOHN ROSE, R.N.)

REMARKABLE CASE OF ACCIDENTAL INJURY OF GENITAL ORGANS BY MACHINERY.

GEORGE W——, aged sixteen, carpet-weaver, on the 10th of October last, in some way got his clothes entangled in a grindstone, which was working by steam power, and revolving at the rate of eighty times in a minute. When extricated and brought to the infirmary, it was found that his penis was doubled up out of sight, and embedded in the scrotum; and, indeed, it at first appeared as if the member had been completely twisted off even with the pubes. There was very little hæmorrhage. The patient was placed under the influence of chloroform, a small incision made in the scrotum by Mr. Hillman, and the penis, the skin of which was torn off over its entire length, liberated. The testicles were uninjured. Water-dressing was applied, and an anodyne draught given at bed-time.

Nov. 1st.—Wound healthy and gradually cicatrizing.

The patient will be discharged cured in a few days.

LACERATED WOUND OF HAND AND CONTUSION OF WRIST BY MACHINERY; AMPUTATION OF FOREARM.

William P——, aged fourteen, employed at a carpet manufactory, was admitted on the 4th of October last. The bones and soft parts of the hand and wrist were so much crushed and lacerated by getting entangled between two rollers used in the washing process that any attempt to save the limb was out of the question, so that amputation was at once performed by Mr. Stretton while the patient was under the influence of chloroform. Four arteries were tied, and the stump dressed in the usual manner. To have one-third of a grain of morphia and twenty drops of chloric ether at bed-time.

Oct. 5th.—Passed a good night. Evening: Anodyne draught repeated.

7th.—First dressing removed; doing well, and likely to heal almost entirely by first intention.

11th.—Greater part of flap already healed; two of the ligatures have come away.

15th.—Remaining ligatures have come away.

20th.—Discharged cured.

CONTUSED WOUND OF THE HEAD; CONCUSSION OF BRAIN FROM A FALL.

Edwin H——, aged fourteen, employed at a spinning-mill, fell through a trap door from one story to another, a distance of nearly twenty feet, alighting on his head. When admitted on the 29th September he was quite unconscious, and there was a severe bruise over the left eye and back of the head, but no fracture or depression could be detected. He continued insensible and unable to answer questions for forty-eight hours, and then recovered. Cold was applied to the head, and a dose of calomel given, which acted freely on the bowels. On the 10th of October he was allowed to sit up. On the 12th he was discharged cured.

The following is a list of the principal diseases and injuries under treatment from 25th March, 1864, to 25th March, 1865:—Fractures, 14; wounds, 60; contusions, 26; bronchitis and bronchial catarrh, 170; phthisis, 22; pneumonia, 8; asthma, 4; dyspepsia, 190; hernia, 70; varicose veins, 25; ulcers, 50; rheumatism, 90; neuralgia, 20; scrofula, 23; abscess, 31; carbuncle, 5; diseases of joints, 10; paralysis, 10; epilepsy, 8; measles, 12; scarlatina, 11; typhoid fever, 30; cynanche and diphtheria, 20; dropsy, 11; goitre, 5; cancer, 4; tumours, 12; erysipelas, 11; burns, 6; diarrhœa, 26; small-pox, 20; diseases of the eye, 40; diseases of the skin (chiefly psoriasis and eczema), 51; diseases of the heart, 3; other diseases, including syphilis &c., 68. Of the above cases there were cured, 590; relieved, 486; dead, 30; remaining under treatment, 60. Total, 1166.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 3RD, 1866.

DR. BARNES, PRESIDENT.

THE following gentlemen were elected fellows:—Messrs. R. J. Cave, Birmingham; John Deans, Cranbrook; F. H. Gervis, Adelaide-road; W. K. Giddings, Calverley, Yorkshire; T. Langston, Broadway, Westminster; W. T. Mollay, Balmoral, Victoria; Jabez Thomas, Swansea; Drs. W. C. Lucey, Bermondsey; J. E. Neild, Melbourne, Victoria; Mark Tanner, St. George's-square, Pimlico; H. J. Yeld, Sunderland.

Dr. SWAYNE, of Clifton, read a case of Double Monstrosity.

Mr. W. OWEN read a case of Mechanical Obstruction to the Growth of a Fœtus.

Dr. CORY exhibited an Ovum Forceps.

Dr. MURRAY showed two large Kidneys, weighing respectively seven ounces four drachms and six ounces three drachms and a half, which had been removed from a still-born fœtus otherwise normally made.

Dr. EASTLAKE read

BRIEF NOTES ON SOME UTERINE THERAPEUTICS.

The author first drew attention to the action of the resin of podophyllum on the uterus. He found an emmenagogue effect produced in several cases where it had been prescribed for constipation. He referred secondly to the beneficial use of the spiritus pyroxylicus rectificatus in cases of obstinate vomiting; and lastly spoke of "iodoform" as a sedative in cases of cancer especially attacking the uterus. The drug was discovered by Scrullus in 1824, and is produced by the action of iodine and alkalies or alkaline carbonates on wood spirit, alcohol, or ether. Dr. Eastlake has used it with much success locally, by means of medicated pessaries, the effect produced being a marked diminution of pain and discomfort.

Dr. GREENHALGH stated that eighteen months ago Dr. Eastlake called his attention to iodoform, suggesting its use as an anæsthetic and alterative, especially in cases of cancer. He (Dr. Greenhalgh) first gave it in quarter-grain doses, but soon found that it might be administered in pills of three to five grains thrice daily. He had prescribed the drug in carcinoma, epithelioma of the uterus, rheumatic gout, neuralgia, and other painful diseases, in most of which it had been followed by good results. In some cases but slight effects appeared to result from its use, whereas, in a limited number, when given at once in full doses, sickness was occasioned. He considered it had the advantage of never producing that malaise so frequently attendant upon the use of opium, and regarded the drug as a valuable addition to our present stock of medicaments.

Mr. GASKOIN remarked that for many years he had been aware of the employment of iodoform as a disinfectant in many parts of the Continent; but that he had been unsuccessful in obtaining much information concerning it. The objection to its general use was its expense as compared with other disinfectants.

Dr. WOODMAN said that a small quantity of iodoform is produced when the compound tincture of iodine is prescribed with liquor potassæ—a favourite combination with many country practitioners, and considered by many to be more efficacious in the treatment of bronchoceles than iodine alone.

Dr. HALL DAVIS communicated the report of a case of

FIBROID TUMOUR OF THE UTERUS WITH EARLY PREGNANCY.

At first there had been retroversion of the womb and retention of urine. The latter was relieved by the catheter, the patient being placed in the kneeling posture; the former by the caoutchouc ball air-pessary. Nine days later (Sept. 29th) the patient came into hospital, presenting a considerable-sized solid enlargement of the abdomen, extending as high as the last rib. She was feverish, reduced in flesh, frequently vomiting; subsequently dysuria and renal pain appeared; later scanty urine and drowsiness, and also sloughing of the cornea, &c. She died on the 18th of October, after on the day previous discharging a putrid fœtus of about four months' growth. The morbid specimen, which was exhibited to the Society, showed a large fibroid tumour, of kidney shape, attached to the fundus of the uterus; also others much smaller growing from the cervix, in the substance, others bulging on the surface of the body of the uterus. The kidneys contained purulent deposits; the ureters were dilated. Dr. Davis concluded that this patient died from pyæmia, and that had an early discharge of the decomposed fœtus been brought about, the patient's life might have been saved. It first became apparent at the autopsy that the largest fibroid might have been easily removed; others, however, would have remained for subsequent development had the patient survived extirpation of the tumour.

Dr. ROUTH said the case was important, viewed in the aspect of what should be done in such cases—i. e., when we had abdominal tumours and pregnancy coexistent. The post-mortem examination revealed a large fibroid extra-uterine, with small pedicle; precisely the case most favourable for gastrotomy. Should this patient have been operated upon before labour had taken place, or should labour have been prematurely induced first? He thought the latter: First, because it usually happened that when abdominal tumours, whether ovarian, but especially if fibroid, were operated upon before labour, a miscarriage or premature delivery occurred; occasionally death. Secondly, if premature labour was induced, then not only was diagnosis made more easy as to the exact nature and bearings of such a tumour, but the impetus given to its rapid growth by pregnancy was removed.

ANNUAL MEETING.

The report of the auditors of the accounts of the treasurer for the year ending Dec. 31st, 1865, was read, from which it appeared that the balance in the hands of the treasurer is £234 18*s.* 8*d.*, and the amount invested in Consols is £881 10*s.*, representing in Three per Cent. Annuities £955 15*s.* 1*d.*

Dr. TYLER SMITH moved the adoption of the report, and warmly congratulated the Society on its present very flourishing condition.

Mr. MITCHELL seconded the resolution, which was carried unanimously.

The report of the hon. librarian (Dr. Meadows) was then read. After detailing the general condition of the library, the report recommended that attempts should be made to establish in connexion with the library a museum of pathological anatomy, by preserving such specimens as, having been exhibited to the Society, were afterwards presented for that purpose. The entire cost of the library for the year was £61 3*s.* 5*d.* The number of works presented was upwards of sixty, making a total of nearly 900 volumes, a classified catalogue of which is about to be published in the forthcoming volume of "Transactions."

Dr. GREENHALGH moved that the report be received and adopted. He warmly commended the suggestion of the establishment of a museum, and offered a donation of five guineas towards a separate Museum Fund, and a similar sum towards a Library Fund.

Dr. WYNN WILLIAMS seconded the resolution, which was unanimously carried.

Dr. MARTYN proposed, and Dr. CORY seconded, "That the best thanks of the Society be and are hereby given to the president and officers of the Society for their services during the past year, and that the special thanks be given to Dr. Braxton Hicks, the retiring hon. secretary, for the very efficient way in which he has discharged his duties."

The President (Dr. Barnes) and Dr. Braxton Hicks respectively returned thanks.

The report of the scrutineers was read, and the following gentlemen were elected officers of the Society for the year 1866:—Hon. President: Sir Charles Locock, Bart., M.D. President: Robert Barnes, M.D. Vice-Presidents: Dr. Gream, Dr. Greenhalgh, Mr. Haden, Dr. Hicks, Dr. Hall (Brighton), Dr. Wilson (Glasgow). Treasurer: Dr. Grailly Hewitt. Hon. Secretaries: Dr. Meadows, Dr. Murray. Hon. Librarian: Mr. James Reeves Traer. Other Members of Council: Dr. Aveling (Sheffield), Mr. Thomas Bryant, Dr. Earle (Birmingham), Dr. Eastlake, Dr. Gervis, Dr. Leishman (Glasgow), Mr. Mitchell, Mr. Newton, Dr. Oldham, Mr. Oldham (Brighton), Dr. Timothy Pollock, Dr. Priestley, Mr. Ray, Dr. Richards, Dr. Skinner (Liverpool), Dr. Tyler Smith, Mr. Wm. Squire, Mr. Symonds (Oxford).

The PRESIDENT then delivered the

ANNUAL ADDRESS.

After adverting to the continued prosperity of the Society, and the place which its "Transactions" occupied in obstetric literature, he observed that hitherto the annual surplus had been invested in the Funds; but now, the position of the Society being secure, it was thought better to put out what money could be spared at scientific interest. There was nothing so fruitful as knowledge spread abroad. It gathered increase at an infinitely quicker rate than did capital in the Three per Cents. He hoped therefore that more money might in future be spent upon the library and in forming a museum. The sale of "Transactions," indeed, during the past year had more than covered the rent and cost of maintenance of the library. The President then passed on to recount the losses the Society had sustained amongst its Fellows. It had never before fallen to the lot of its president to record so long a series of losses by death. He gave sketches of the lives of the late Dr. F. W. Mackenzie, Dr. Edwin E. Day, Mr. Decimus Nelson Frampton, Mr. Arthur Octavius Arden, Dr. Thomas Herbert Barker, Mr. Henry Merton Gould, Mr. Charles Saunders, Dr. William Bloxam, and Dr. Charles G. Ritchie. He dwelt more especially upon the personal and professional merits of Dr. Barker and Dr. Bloxam. Turning from the task of commemorating the lives of lost companions in labour, the President directed attention to the work before the Society. He hoped the proposed conversazione and exhibition of instruments would prove interesting and instructive. By bringing together the instruments that had been used in different ages and in different countries for the purpose of overcoming those obstetric difficulties which are met with in all ages and in all countries, we should be able to read by those tangible symbols the most important chapter in the history of obstetrics; we should be able to enter into the thoughts of our predecessors and contemporaries by studying the visible expressions of their minds labouring in the cause of our common science; and do something towards identifying and preserving the original forms of instruments as they were designed and used by their inventors. An instrument was not less the offspring of a man's mind than was a book. Libraries preserved books in their original form. But the security for preserving an instrument so that it should, even for a brief time, tell truly the working of the mind that produced it, and continue to answer in the hands of others the purpose for which it was designed, was very small. Instruments were made under instructions that were more or less faithfully observed; and there was a constant tendency to depart from the original forms under the hands of mechanicians and the ideas of subsequent practitioners. Considerations such as these suggested to the President the project of instituting this exhibition. It had met with the cordial approval of the Council; and the College of Physicians had, in the most liberal spirit, given him permission to hold the exhibition in their building. The Council would endeavour to preserve a scientific record of the specimens sent; a *catalogue raisonné* would be drawn up; and drawings would be procured of such ancient and modern instruments as could not be presented for actual exhibition. It was anticipated that we might thus lay the foundation of a museum of instruments that should render a service to science similar to that which libraries rendered to literature.

A vote of thanks to the President for his valuable address was proposed, seconded, and carried by acclamation. The Society then adjourned.

Reviews and Notices of Books.

On Flooding after Delivery, and its Scientific Treatment; with a special Chapter on the Preventive Treatment. By LUMLEY EARLE, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham, &c. Fcap. 8vo. pp. 244. London: Hardwicke. 1865.

THE author tells us that his essay first appeared in the columns of one of the weekly periodicals. We have, therefore, gone carefully through its pages, in order to see what benefit could accrue from its republication; but our labour has been in vain. We have not found a single new fact of the least importance, though there are many random statements which increased experience will doubtless teach Dr. Earle are incorrect. This gentleman seems to have gone to the printer's because he has known "sad results accrue in four instances from ignorance, want of presence of mind, and neglect combined." (p. 8.) But if unskilful men will not learn from the established works of reference which are so numerous, and in which the subject of hæmorrhage is so fully treated, it seems rather presumptuous to suppose that they will accept Dr. Earle as a friend and guide. The fact is that he has himself much to learn, both clinically and as regards the literature of his subject, before he can hope to teach others successfully. Thus we are constantly told by him that certain points require further investigation. "Vomiting excites the uterus to contract, and rallies the patient. Whether it would be prudent to bring on vomiting by giving emetics is a question which requires further investigation." (p. 22.) Speaking of Dr. Pretty's uterine compress, he says: "My experience has been too limited in its use to enable me to express a decided opinion as to its value; but at present I should not feel disposed to use it *to arrest violent floodings.*" (Note, p. 66.) He speaks also of the injection of cold water into the uterus; but in such a way that it is impossible to guess whether he does or does not advocate this practice. He quite misapprehends the *rationale* of the alternate use of warm and cold water to the abdomen in flooding. He *intends* to try the liquid extract of ergot of the new Pharmacopœia, as it has been highly spoken of. The use of galvanism to the breast is thrown out as a suggestion; but evidently Dr. Earle has never resorted to it. Much more might be quoted to show that the author has not sufficiently studied his subject; and that he ought to have deferred publication until further experience had enabled him to speak authoritatively on all vexed questions. Again, in cases of severe flooding after the removal of the placenta, there is probably no remedy which exerts so powerful and beneficial an action as opium. Yet all that Dr. Earle tells us is this: "In some cases of flooding this drug is of great value. I quite agree with Dr. Ramsbotham that it is not advisable to administer it when the hæmorrhage is due to inertia of the uterus. The most agreeable preparation of opium is Battley's solution; and it may be given in a large dose—thirty minutes (*sic*) at least." (p. 92.) But further on this opinion is contradicted; for we find, "Some medical men recommend large doses of opium to rally the patient instead of brandy. Dr. Gunning Bedford, of New York, advises a teaspoonful of laudanum to be given every fifteen minutes until reaction sets in. I should certainly be afraid to use such doses myself, and have always found the effects of brandy-and-water quite satisfactory." (p. 226.) Dr. Earle should not allow many days to elapse without studying the *Medical and Physiological Problems* of Messrs. Griffin, and

especially the admirable one on the therapeutic effects of opium. Amongst other remarks, he will read that "when, after severe uterine hæmorrhage, the countenance is sunk, the eye hollow and glassy, the lips blanched, the skin cold, and the whole person corpse-like; when the pulse is almost gone at the wrist; when the beat even of the heart is scarcely perceptible, and stimulants, even brandy or rectified spirits, are either vomited or uninfluential, there remains yet one remedy capable of restoring the patient to life, and that is opium."

It might be thought, from reading Dr. Earle's views, that fatal floodings after labour are very common. Thus he says, "I have not the slightest doubt in my own mind that several of the cases of hæmorrhage after delivery which we read or hear of as having terminated fatally," &c. (p. 12.) We trust that Dr. Earle is not given to gossip; but, anyhow, we would recommend him to believe only part of what he sees and nothing that he hears. We can tell him that by far the majority of gentlemen with large midwifery practices have never lost a case from avoidable flooding after labour. And this must be so; since the Registrar-General's reports show that during the past three or four years the average number of deaths of mothers from *all* puerperal causes has only been about 46 to every 10,000 children born alive. Nevertheless, we by no means intend to undervalue the importance of a close study of the causes and treatment of the accident under discussion. But seeing that it is fully and well treated of in all the obstetric manuals with which we are acquainted, we have a right to demand that a work devoted solely to the subject should possess considerable merit. It ought likewise to be complete; and should be published either for the purpose of disseminating novel views, or at all events for putting old opinions in a new light. We are sorry to say that Dr. Earle's manual in no way comes up to such a standard. It exhibits a certain amount of earnestness of purpose, but the labour bestowed has been insufficient.

Outlines of Elementary Botany. For the use of Students. By ALEXANDER SILVER, M.A., M.D., Assistant to the Professors of Materia Medica and of Medical Jurisprudence in the University of Aberdeen. 32mo. pp. 381. London: Renshaw.

THERE is a very prevalent opinion that students are found more deficient in their knowledge of botany by the various examining boards than of any other subject. Whatever may be the cause of this, it is certain that gentlemen will no longer have any excuse for not being thoroughly conversant with this important branch of medical study. For Dr. Silver has not only produced a small volume which contains all that can be desired as a botanical class-book, but he has contrived to communicate his lessons in such a pleasing form that his manual is rendered very agreeable reading. As a further recommendation it should be noticed that the work is profusely illustrated with most characteristic drawings, while it contains an excellent glossary of terms and an index in combination. From his experience in tuition the author has been led to believe that botany can be more easily and satisfactorily taught on scientific principles than by any other method. Hence his attempt to make this plan popular. Not that he wishes to substitute his manual for the larger treatises already in existence; but rather to render it an introduction to the courses of lectures which are usually delivered at medical schools, or to such well-known and valuable volumes as those by Professors Bentley, Lindley, and Balfour. Dr. Silver divides his work into five parts. The first is devoted to Morphology, the department which treats of the outward forms of plants, there being two subdivisions—viz., into the morphology of flowering (Phanerogamic), and of flowerless (Cryptogamic) plants. The second division comprehends all that relates to the minute structure and functions of plants, under the headings of Physiological Anatomy and Physiology. The third includes the diseases of plants, and their structure when diseased—the Nosology or Pathology. The fourth is occupied with Systematic Botany, the part which deals with the arrangement of plants into groups, characterized by the possession or absence of some particular point or points. This is of two kinds—viz., (1) that which seeks to classify plants by any one character, the *artificial* system of classification; and (2) that which endeavours to group plants by the sum of their characters instead of by any one of them—the *natural* system. And then, lastly, in the fifth part we find some concise remarks on Geographical and Palæontological Botany; the former taking cognizance of the distribution of plants in space—i. e., over the surface of the globe; the latter, of their distribution in time, that is, in the various strata of the earth's crust. With this explanation of the way in which the subject has been arranged, we must send our readers to the volume itself if they would learn how Dr. Silver has accomplished his task. We need only add, that if they will carefully go through the first half-dozen pages, they will need no persuasion to make them read the book to the end.

TREATMENT OF CONTINUED FEVER.

To the Editor of THE LANCET.

SIR,—In your last leader you quote the large number of recoveries in proportion to deaths from continued fever in the army, as "an amount of success which Dr. Chambers might envy." Certainly I do envy it, and all the more because I attribute it to a part of the treatment which we civilians may emulate, but cannot hope to equal. The early period in the disease at which the patients are got to bed, and the salutary discipline under which they are kept, make more difference in the mortality, more difference in the length of the attack, and more difference in the completeness of the convalescence in continued fever than any other circumstances under human control. Now this is a part of the treatment which we are sure is well administered in military practice, however much other parts of it may differ, and therefore, though I regret with you that "no particulars are given (in the Blue Book) of these cases or of their treatment," yet I cannot think the information dry or useless. I should have been very glad of it as an illustration of two passages in my clinical lectures, where I insist on the importance of early rest and clockwork regularity in dieting fever patients. I have indeed found, in the examinations at Oxford and at the College of Physicians, that the young men of the future are fairly posted up in the treatment of fever by continuous nutriment and acids, and indeed in restorative treatment generally; still I cannot suppose it to be universally adopted in the army. I should rather take the triumphant numbers you quote as an example of how "in typh-fever everything depends on sparing most avariciously the little vital force that remains." I would not allow a patient to step a step, to move a finger, to think a thought more than I can help; and I care not for being derided as a pedant or a martinet, when I have my reward in seeing many a fever prove ephemeral or hebdomadal, which otherwise would have been indefinitely continued. The danger run is in inverse ratio to the obedience to control. The upper classes incur most, hospital patients next, soldiers least. Moral: Cultivate habits of military command as far as possible.

I am, Sir, your faithful servant,

Brook-street, Jan. 17th, 1866. THOS. K. CHAMBERS, M.D.

A TRIBE OF DWARFS.—M. de Chaillu, in a letter addressed to *The Times*, gives the following measurements of some of the "Obongi," a small and peculiar tribe of natives with which he met in the mountains of Western Equatorial Africa:—"The only adult measured four feet six inches, but as one of the women reached five feet and a quarter of an inch (she being considered extraordinarily tall), I have no doubt that some of the men are equally tall, and some perhaps taller. The other women I measured had the following heights: four feet eight inches, four feet seven and a quarter inches, four feet five inches, and the smallest four feet and a quarter inch. I thought, after looking at the whole group of the adult women, that their average height was from four feet five inches to four feet six inches. The smallest woman had the largest head—viz., one foot ten-fifteenth inch in circumference; the smallest was one foot nine inches round."

THE LANCET.

LONDON: SATURDAY, JANUARY 20, 1866.

TOWARDS the solution of the very important question, "Is the cattle plague small-pox?" a mass of evidence is accumulating. The latest information yet obtained is summarised in the further paper which we publish to-day from Dr. MURCHISON, whose energy and skill in conducting the inquiry, and philosophic acumen in investigating every aspect of the problem, do ample justice to the important interests involved. It will be seen that the scheme of questions addressed to those gentlemen who have been so good as to forward information that they have commenced vaccination in their herds embraces all the circumstances which could disprove the identity of cattle plague with small-pox, as well as those which could prove it. Many of the additional facts thus brought to light are of the greatest interest. Dr. BELLYSE, of Nantwich, had five cows which he vaccinated on the 1st of January, four successfully and one unsuccessfully; the latter he re-vaccinated, but on the day following the operation it was seized with rinderpest, which in two days proved fatal. The four cases successfully vaccinated are still healthy. Further important evidence will be found in other cases related on the authority of Dr. BELLYSE, and of Dr. VAUGHAN and Dr. LORD of Crewe, to the effect that vaccination has acted in greatly modifying the virulence of the disease when the cattle plague has attacked cows within a few days of their vaccination, and before the full constitutional protection had been obtained. The interesting circumstance of the retardation of the vaccine pustule is noted in some of the cases: a fact of the greater significance inasmuch as it accords with what is observed when small-pox attacks recently vaccinated human beings. Mr. MATHEWS, surgeon, of Nantwich, supplies a large amount of information. He has vaccinated upwards of 600 cows with great success. In one instance a herd of ten cows was vaccinated on January 6th: in nine the operation was successful; in one it failed. The unsuccessful one was attacked with rinderpest, and died; the others remain well. In another herd of twenty-nine cows, the operation was successful in all but six cases. At the time of the operation a number of calves on the same farm were ill with rinderpest, six of which have since died. Three of the cows have also been attacked, and one has died; but these were three of those in which the vaccination was not successful. The others remain well. In all the other herds which have been vaccinated by Mr. MATHEWS the circumstances thus far favour the belief that vaccination is protective against the rinderpest in most cases, and in all modifies its severity. The evidence, however, will be more mature next week, and it is purposely withheld till then.

As to the protective influence of a previous attack of cow-pox, in addition to the remarkable cases mentioned last week from Cornwall, and St. Andrews, N.B., there is this week recorded another, which is forwarded from Dumfries. Dr. JOHN BROWN, of Edinburgh, writes: "Major C. BRUCE informs me that in a farm in Aberdeenshire there were seven cows took the true cow-pox last summer. Well, the pest visited the farm two weeks ago, and swept away all the other cows, leaving the seven unharmed."

Mr. TOLLEMACHE, of Dorfold Hall, who was one of the first to have his stock vaccinated—and has such good reason to be satisfied with the result, since his ten vaccinated cows have escaped the pest, while the remaining six non-vaccinated were swept away,—is carrying out an *experimentum crucis*. He placed last week a vaccinated calf—which, by the way, we believe was vaccinated in only one point—in a kind of Black Hole of Calcutta for five days and nights with some calves that died in succession of rinderpest. The space in which the calves were shut is literally no more than nine feet square. In this fetid atmosphere, all the chinks and holes in the walls being crammed with straw to keep the wind from the calves ill with the rinderpest, the calf remained well. She is now removed from this pest-house. By a telegram received on Thursday, we learn that on Wednesday, the seventh day, this calf presented symptoms of plague, but was better again on Thursday morning. Mr. MATHEWS has also left an infected cow in a shed with four vaccinated cows, and she will remain there till she either recovers or dies. We shall soon hear the result.

Some theoretical objections which have been urged against the probable identity of the cattle plague with small-pox are dealt with by Dr. MURCHISON with a skill which will enhance his deservedly high reputation as a practical physician; but these discussions fade in importance before the actual prosecution of the experiments which will absolutely decide the question in the course of another week. We will therefore here only summarise the further information as to the practice of vaccination. Properly conducted by experienced vaccinators, it appears to be a highly successful operation, and by no means so difficult as earlier investigators have led us to suppose. Thus Drs. BELLYSE, LORD, VAUGHAN, and Mr. MATHEWS, have all been highly successful. Out of several hundred cases vaccinated by Mr. MATHEWS and Dr. VAUGHAN, the operation was successful in nearly ninety per cent.; and from the careful account which they give of the characteristic pustules produced, their results are beyond question. The method pursued by Dr. VAUGHAN is carefully described in Dr. MURCHISON'S paper, and it is that which we should, for various reasons, recommend for adoption. It is of course highly important that vaccination should be skilfully performed by persons able to judge, subsequently, whether it has or has not succeeded in producing the *characteristic* pustules. Finally, to settle this question there is needed all the available experience from vaccinated herds. Dr. MURCHISON has furnished us with a schedule of questions, which we append; and we hope that those who may be able and willing to supply information will have the goodness to cast it in the shape of answers to these questions; it will thus be the more easily analyzed, and will have greater value than if given in a less exact and complete manner. We would further point out the great importance of securing a medium at this moment for receiving fresh vaccine matter from those who have been vaccinating, and forwarding it to those who wish to vaccinate. Dr. MURCHISON has kindly consented to take this trouble for a while. We hope that those who have been vaccinating so largely and successfully will secure fresh lymph and forward

it for redistribution. Those, moreover, who receive points ought to return them with compound interest.

Questions to be answered in regard to each case.

1. The proprietor's name and address.
2. The original number of cattle in the herd.
3. The date of invasion by rinderpest. If rinderpest did not appear before vaccination, state so.
4. The number of cattle attacked by rinderpest, and the number that died or were killed.
5. The date on which vaccination was resorted to.
6. The number of cattle vaccinated.
7. The name and qualifications of the vaccinator.
8. The source of the lymph employed.
9. The number and situation of the punctures.
10. The proportion of cases in which vaccination was successful, and the signs of its taking.
11. The number of cases in which revaccination was performed, and the proportion in which this was successful.
12. Have any of the cattle which had been successfully vaccinated taken rinderpest?
13. If so, has the disease been in any way modified, or in any case fatal?
14. In cases where rinderpest has not appeared in the vaccinated herd before or after vaccination, state the distance at which it was known to be prevailing, and what time had elapsed since it had appeared in the locality.

RECENT mails from India bring the particulars of the trial of a surgeon by Court-martial which call for some notice at our hands. It is always a serious affair when a member of the medical department is so tried. Fortunately it is a rare matter, and if our reading of the evidence in the present case has been right it should have been rarer—at least by one case. It should require something bad, and very clearly bad, to justify the trial, by a long and tedious and dishonouring process, of a surgeon of high rank and of long service. We can only give a brief outline of the facts of the case, presuming that those of our readers who are interested have elsewhere seen detailed information of it. The facts are as follows:—

Surgeon CROSS, of her Majesty's 58th Regiment, was arraigned on three charges: "firstly, for neglect of duty, to the prejudice of good order and military discipline, in having failed to make proper arrangements for the examination, either personally by himself or by his assistant-surgeons, of soldiers reporting themselves sick, at the Regimental Hospital, and also for the admission into hospital of such men as required treatment—in four instances, those of Privates DRURY, AGAR, DELANEY, and CAVANAGH; secondly, for having delegated duties to the regimental apothecary which he as surgeon should have performed himself; and thirdly, for having used insubordinate and insulting language to Dr. DUNBAR, his superior officer, in the execution of his office."

We may dismiss without discussion the first, third, and fourth instances under the first charge, and the second charge, as by the Court itself the "prisoner"—such is the offensive technicality—was declared "not guilty" on all these points. There remain the second instance of the first charge, the preamble of that charge, and the third charge; in regard to all which Surgeon CROSS was found "guilty" by the Court-martial. When a prosecution fails on four points out of seven, it is very reasonable narrowly to scrutinize the three remaining ones.

As regards the abstract justice of the finding we will briefly show that there is the greatest doubt. We should premise that the evidence on both sides is unsatisfactory, in the sense of being loose and imperfect—supplied more from memory than from written data. The formal charge in the matter of AGAR was as follows:—"Neglect in the case of Private C. AGAR, who on or about the 3rd and 4th days of April, 1865, reported himself sick, being then sick and in a state to require medical treatment in hospital, and was not admitted until the evening of the 5th of April, 1865; the said Private AGAR having during the above-mentioned days been ill in barracks." As far as we can gather from the evidence, Private AGAR's case was briefly this:—He sickened with fever in the early days of April last. He would seem to have gone to the hospital on the 3rd, 4th, and 5th days of April, and more than once in the day. On the majority of these occasions he was certainly not supplied with "Sick Reports," which argues either that he was not very obviously sick, or that the Sergeant of Companies neglected his duty. The evidence would seem to show that on most of his visits to the hospital, before being finally admitted on the 5th, he was seen and prescribed for by one of the medical subordinates. In doing this, the subordinate exceeded his duty; and he failed in his duty in not informing the surgeon of the case, and of what he had done in it. But it does not appear that this was the fault of the surgeon. The surgeon further averred that he saw AGAR on the morning of the 4th, and ordered his detention; and again at the evening visit, when AGAR, reporting himself "well," returned to barracks. On the 5th (the next day) he was admitted, and died of fever on the 13th April.

It is easy to be wise after the event; and, in the light of that event, of course it is to be regretted that the real nature of AGAR'S ailment in the opening days of April was not more clearly perceived. But all medical men will admit the extreme vagueness and indefiniteness of the malaise which ushers in the disease of fever. And to no man is more allowance to be made in regard to any error of judgment in misconstruing this malaise than to a military surgeon, who is constantly apt to be imposed upon by idle and designing men. Malaise and malingering are things easily differentiated by the lapse of time, but not so easily at the time.

If all this be true, then, in our opinion, Surgeon CROSS has been very badly treated in being tried by Court-martial on this charge. For what was he on trial in the matter of Private AGAR? For an error of judgment? We have shown how easily this might occur. This is surely not "a breach of the articles of war." Besides, where should any of us be, Colonels or Doctors either, if every error of judgment were tried before a Court-martial? If, on the other hand, it is said that Surgeon CROSS was on his trial by the Court-martial on the first charge for official carelessness and for leaving too much to his subordinates, two forcible answers to this statement are obvious. First, that the most important medical witnesses said that they would act as Surgeon CROSS had done in availing themselves of the assistance of an experienced apothecary in seeing or in prescribing for patients. Secondly, that in as far as lower subordinates than the apothecary took upon themselves to prescribe for patients and not report the cases and circum-

stances to the surgeon, they exceeded their instructions, and failed in their duty. But this surely could not justify the trial by Court-martial of the surgeon. We go further, and say, even supposing that Mr. CROSS really was unusually careless of his duty, and in the habit of leaving it to his subordinates—to a degree unwarranted by the custom of the service,—was there nothing more proportionate to his crime than a Court-martial? Could not Colonel HOOD have friendlily remonstrated with him, or even, in the event of this failing, have represented his negligence to head-quarters in the ordinary confidential report? It does not appear that any of these kindlier courses were taken. And we cannot but feel that to bring doubtful and *minor* offences at once to such a disproportionate tribunal is a strong proof of the absence of that good feeling which should actuate the commanding officer of a regiment. As regards the first charge, then, we think it was poorly supported by evidence. But admitting, for the sake of argument, that it was well founded, we think Colonel HOOD guilty of a most unwarrantable abuse of his authority in bringing the subject of it before a Court-martial, without in the first instance exhausting all minor forms of reproof and remedy.

Leaving the first charge, we come to the third, in which Surgeon CROSS is charged "with conduct unbecoming an officer, and to the prejudice of good order and military discipline, in having, at Benares, on the 6th of June, 1865, in the hospital of the 58th Foot, addressed the following insulting and provoking words to his superior officer, Deputy Inspector-General of Hospitals T. A. DUNBAR, M.D., who was present on duty in the hospital aforesaid, saying: 'I thought your province was with the chamber-pots and that sort of thing,' or words to that effect."

It must remain somewhat uncertain whether or not Mr. CROSS used the offensive words attributed to him. He "gives a most unqualified denial" to the charge that he used them. This ought to count for something amongst gentlemen. Two witnesses, excluding Dr. DUNBAR, say that he used them. But one of these witnesses, Captain SHIPLEY, confesses to an indistinct hearing or memory of the first part of what Mr. CROSS said; so we cannot rely much upon his report of the remainder of what was uttered. He testifies that Mr. CROSS had not lost his temper, and it is in the last degree unlikely that a gentleman who was in perfect possession of his temper should have used these words. Three witnesses, Acting Assistant-Apothecary Mr. BEACHWOOD, 58th Regt., Private HICKS, and Mr. Apothecary HOGAN, were all within two or three feet of Dr. DUNBAR and Mr. CROSS, and aver in the clearest way that no offensive language was employed. It is indicated in the evidence for the defence, that other words, such as "chairs and pots," may have been used, and mistaken for the offensive words specified in the charge. Be this as it may, with the positive denial of Surgeon CROSS, and three witnesses to support it against two on the other side, one of whom confesses to an indistinctness of hearing or memory, and considering the extreme improbability that any gentleman should have used the language attributed to Mr. CROSS, much less a surgeon of nearly twenty years' standing, and who had "not lost his temper," we must express our decided dissatisfaction with the finding of the Court on this point.

Two or three general remarks are suggested by this case. We will take this opportunity of saying that we consider the present system of inspecting the hospitals of the British medical service in India is open to much objection. The duty of inspecting British regimental hospitals is divided between the two services, Indian and British; the deputy inspectors-general of the former superintending all matters of supply and service, and those of the latter all strictly medical matters. By this arrangement it will be understood that British medical officers are unpleasantly subjected to the criticism and interference of two inspectors. The arrangement is not only unpleasant to the medical officers, but disadvantageous to their patients. In this way: the deputy-inspector of the local service is apt to take a strictly financial view of things; to look upon hospital expenses apart from the nature of the cases and the actual condition and wants of patients, and so to cut down the medical officers to the minimum allowance of comforts and necessaries. This is clearly the operation of such a division of the labour of inspection between two services as now exists. This arrangement ought to cease. The authorities ought to augment the inspecting staff of the British medical service so as to enable it to do the entire duty of inspection, financial and professional, of British hospitals in India. In this way would the contemplated distinctness of the two services be completed, and a good feeling between them promoted.

Another point suggested by this case is the serious nature of trial by Court-martial, and the possibility of its abuse. Here is a surgeon, who in two or three years will have attained the rank of surgeon-major, subjected to trial by Court-martial in India. Our civil readers will scarcely credit the hardship implied in this. To begin with, the surgeon is called a "prisoner;" and more than this, he *is* a prisoner. He is under arrest, close or open. If close, he is rigidly confined. If open, he is forbidden to do duty; he is not allowed to appear at mess, or at any place of public entertainment. Indeed, he is allowed only exercise enough to preserve health. And this arrest extended, in the case of Surgeon CROSS, from June 6th to Nov. 20th.

This restriction of liberty in any climate would be a punishment. In India it is a terrible one, that can only be justified by the clearest circumstances. Such a restriction of freedom is only tolerable in the prospect of a good trial at the end of it. But this consolation is not to be relied on; a fact which brings us to notice the composition of the Court-martial by which Surgeon CROSS was tried. If it be proper to try a man by his peers, how much right of complaint has he or any other medical officer in his circumstances. The members of the Court were all military, and therefore unqualified to judge of matters of hospital arrangement and professional etiquette; how unqualified may be gathered from the fact which appears in the evidence for the prosecution, that the very adjutant of the regiment disclaimed all knowledge of the hospital administration and of the morning sick reports. Far less is it possible that the members of the Court, the majority of whom were young and inexperienced subalterns, could have had the knowledge requisite to enable them to form just judgments on matters so strictly technical. We would ask—Is there anything in the QUEEN'S Regulations to exclude medical officers from sitting in Courts-martial, except as president? We are aware of a law of custom to this effect. But in matters affecting medical officers, especially of high rank and long service, we certainly think there should be a sprinkling of members of the Department. Another fault of the Court was that it was

composed so preponderatingly of officers of the Indian service, who were in a proportion to officers of the British service as eleven to three.

We have discussed this case at length, not only in justice to and sympathy with Surgeon CROSS, but from its bearings on the interest and peace of the whole Medical Department of the Army. If we are right, Surgeon CROSS has been tried by a painfully tedious process, and a most unsatisfactorily constituted Court. And what has been his fate may be the fate of any medical officer who may become obnoxious to the powers that be. It is not necessary to approve all that Mr. CROSS has said or done or left undone. Very likely he has faults, personal or official, which would have justified the remonstrance or the disapproval of his superior officers; but these are very different things from a Court-martial, and being under arrest for nearly six months. We commend the case, in all its bearings, to the consideration of our brethren in the service.

IN drawing to a conclusion our passing notice of the year's doings of the Metropolitan Board of Works, we may, in the first place, observe that the important question of dealing with the sewage of our great city has received particular attention. Various schemes and tenders were offered to the Board for consideration. It recorded its opinion that the tender of Messrs. HOPE and NAPIER for dealing with the sewage of the north side of the Thames, so far as the general scheme was concerned, offered the greater advantages. Thereon the Committee was authorized to negotiate with these gentlemen the precise terms upon which the concession of the northern sewage might be granted to them. The proposition of Messrs. HOPE and NAPIER was to construct works for enabling them to irrigate with sewage a portion of the Maplin sands on the coast of Essex, and to enter into arrangements with agriculturists along the line of their works for the supply of sewage to them. The capital to be raised was £2,100,000. The Board strongly expresses its satisfaction at the successful issue of its endeavours to obtain a scheme of utilization of the northern sewage, which not only offers the advantages of avoiding the discharge of sewage into the river at Barking Creek, but alleviates at the same time the burthens of the metropolitan ratepayers. We would here observe, however, that it is a more than questionable thing how far the covering and irrigation of thousands of acres with the deposits from our waterclosets and privies could be tolerated for any length of time.

During the past year considerable progress has been made with the important health-improvement works of the Thames Embankment, which comprises, as our readers know, the formation of a solid wall from the Middlesex side of Westminster-bridge to the eastern boundary of the Inner Temple, and from thence a viaduct to the western side of Blackfriars-bridge.

The increase of the health-giving places of resort and recreation for our smoke-dried artizans and etiolated children has been attended to in the progress made towards the formation of new parks and open spaces. A "Finsbury Park" is in contemplation. One hundred and twenty acres of land have been purchased on the north side of the Seven Sisters-road, and extending from the Great Northern Railway on the west to the green lanes on the east. The Board of Works has been endeavouring during the past year to arrange for the purchase of land for a "Southwark Park," and the negotiations for the same have only recently been concluded. Sixty-two acres of land, situate between Paradise-row, Rotherhithe, and the Deptford Lower-road, have been purchased at the rate of £911 per acre. Some negotiations also have taken place between her Majesty's Treasury and the Board as to the purchase by the latter of the Crown rights over Epping Forest, with a view to the enclosure of the forest as a place of health-resort and recreation for the public. Unfortunately, owing to the peculiar and limited nature of the forestal rights themselves, and to the fact that the means of exercising them would be both costly and inconvenient, the Board considered it would not be advisable for it to take steps for the purchase of the rights in question. The Board, along with a parliamentary select committee, passed the following important resolution, which, we need scarcely say, must have much influence in the future House of Commons:—

"That it is highly desirable to preserve the open commons and spaces near the metropolis for public recreation and enjoyment, such open spaces to remain unenclosed; and that the Board should compensate the lords of the manors and the commoners for any rights of which they may be deprived. That towards meeting the expenditure to be incurred, power should be given to this Board to sell certain portions of such open spaces, for building or other purposes."

The hope is to be entertained that the recommendations of the Parliamentary Committee will shortly result in some legislative enactment, by which the various commons and open spaces in and adjacent to the metropolis, and which are now being rapidly absorbed, will be preserved for the use and enjoyment of the public. The Wimbledon Common Bill was a measure to which the Board devoted a considerable amount of attention. During the past session, also, the duties of the Board of Works have been more than ordinarily onerous in relation to certain schemes affecting the metropolis. The Board itself has promoted two Bills, one directed to the objects of relieving traffic and preventing accidents by the removal of Middle-row, Holborn, &c., and the other for widening portions of Park-lane. As regards the former, the Board has been successful in obtaining powers to act; as regards the latter, the Bill was lost, chiefly due to the opposition of certain crown tenants. Two other points only amongst the numerous undertakings need be alluded to as of a sanitary character. One is the passing, through the medium of the Board, of what is known as the "Petroleum Act." This renders it illegal to keep more than forty gallons of this material within fifty yards of a dwelling-house or of a building in which goods are stored, except under certain licences. The other relates to the duty of extinguishing fires, and protecting life and property in connexion with such accidents. A new brigade force has hence been called into existence, and the Board has power to fix the salaries and to make regulations as to compensation in cases of accident or death, and likewise as to gratuities in exceptional cases.

THE QUEEN.—We are glad to announce that the first occasion, since the death of the Prince Consort, on which her Majesty has been pleased to bestow her patronage upon any sort of public entertainment, is as patroness of a concert in aid of the funds of a medical charity—viz., the University College Hospital.

Medical Annotations.

"Ne quid nimis."

WORKHOUSE INFIRMARIES.

THE circumstances disclosed at the inquests held at the Bethnal Green Workhouse on cases of sudden death among the pauper inmates are such as must serve to convince thinking men that the total revolution which our Commissioners have urged as being required in the government of these institutions is absolutely necessary for the honour of the nation and the satisfaction of the public conscience. We need not recapitulate the details which have appeared in the daily journals. Moreover, the report of our Commissioners on the whole interior management of the Bethnal Green infirmary will appear next week, and will explain sufficiently that such instances which are described as exceptional are, in fact, but the natural fruit of the system adopted there and elsewhere. We may say that from the Poor-law point of view the house is not ill-managed; from ours, it is a public scandal. It is overcrowded and under-officered. A painful parsimony prevails. The poor are not intentionally ill-treated, but they are systematically stinted. Stinting the sick and aged in medical service, in nursing, in warmth, and in night tendance, is a favourite form of official murder, which prevails in but too many of the infirmaries—nowhere more markedly than at Bethnal Green; and this is obviously the conclusion at which the juries in the cases above alluded to have correctly arrived. To lock up aged and sick persons all night without food or light is a cruelty which cannot be too severely reprobated, and for which the offenders ought to be made responsible. Some more general scheme of management and supervision of these Poor-law infirmaries by competent persons must certainly be adopted.

Mr. Farnall has held inquiries on these cases. It was shown very clearly in the course of the investigation that there is no certainty whatever that paupers arriving sick after eight o'clock would not at any time be allowed to die during the night without assistance. The gate porter and the wardsman of the men's receiving ward were obviously in the habit of following their own judgment or whim. Nor was much encouragement afforded for an occasional deviation into a proper course. On the night previous to the inquiry, for instance, the wardsman had reported three persons as sick amongst the inmates of the receiving ward, of which intimation no notice whatever was taken. Amongst other examples of the total want of organizing capacity which were elicited, two important ones may be quoted. It appeared that the same water for bathing was used for several persons in succession in the receiving ward; and considering the frequency with which latent typhus, quite unrecognisable by a wardsman, hangs about the persons of the applicants for admission, no readier plan could be devised for ensuring its diffusion. One other method for carrying out a similar purpose, and equally injurious, was also brought to light. The wardsman testified that incoming patients had several times been clothed in the dress of patients who had just left the sick ward.

MEDICAL QUALIFICATION.

WHATEVER be the ultimate issue of the case of Hunter and the *Pall-mall Gazette*, important beneficial results are likely to arise from this case to the public and the profession. It will draw attention forcibly to the state of the law, which, while affecting to afford some protection to the public, really lays a well-concealed trap for the unwary. The Medical Act, which provides for registration of practitioners holding diplomas from the institutions chartered by law, only imposes penalties for the false pretence of being registered, not for practising without being registered, or for assuming the title of doctor and practising under that title without holding a registerable degree. The public suppose that this registration affords them security. Any adventurer with a degree of M.D. from an "eclectic college" or "medical institution" in America or Nova Scotia, or any other self-constituted shop for the sale of diplomas, can give himself, as scores now do in London, all the outward semblance of a qualified practitioner. The General Medical Council have had this subject under their consideration for some four or five years now; for the repeated failures of prosecutions against impostors instituted after the first passing of the Medical Act very soon showed the utter inefficiency of that measure. But they have acted with slowness, begotten as much by a knowledge that the Home Secretary is apathetic, indifferent, and loth to move, as by any inherent difficulty in remedying the defects of the Act. Sir George Grey seems only anxious to be let alone. He has a horror of people who are not satisfied, and has adopted with enthusiasm in the Home Office the restful motto of his premier when head of the Foreign Office.

The Medical Council brought last year under his notice an amendment of the 40th clause, which would provide that any person practising medicine or surgery who shall take the title of doctor, surgeon, &c., without being registered under this Act, shall be liable to a fine. Although the object of the Medical Act was to enable "persons requiring medical aid to distinguish qualified from unqualified practitioners," the offence for which the penalty was instituted was not for practising without being registered, as, for example, Dr. Hunter has done, and as hundreds of vile impostors (and a few highly honourable men) do, but for falsely pretending to be registered. Now, as the Register is a quarto volume of considerable bulk, some cost, and absolutely no other interest than that which belongs to a long list of names, it is by no means a volume for every man's library. Naturally, therefore, the Act has not proved efficient in enabling the public to distinguish qualified from unqualified practitioners, seeing that it has not been potent to prevent persons from practising surgery and medicine under titles falsely assumed, and thus the public have been deceived and imposed upon to the injury of their health and the peril of their lives. Sir George Grey has been again pressed to bring the matter before Parliament this year. The public have had of late a sufficient exposure in various trials, such as those of the Henerys and the quack impostors of the Strand Museum, to give an insight into the dark abominations which are practised under the cover of the present inefficient Act. We feel assured that if the Medical Council press upon the House of Commons the consideration of this amendment some practical good must result; and if the Home Office will not take up the matter it should be placed in the hands of an independent member. At any rate some effort should be made, *and for this purpose the Council should this year meet early.*

MESSRS. SENTIN AND GONDY'S HOMŒOPATHY.

SHALL we congratulate the homœopaths on a possible explanation of their failures in England in the matter of the cattle plague, which comes from a noble pen, and can be seen (where so many other brilliant communications of a similar nature may be seen) in *The Times*? The particular bit of comfort to which we allude is the letter signed "Sidmouth" in that journal of Monday. Many explanations have been given of the failure of homœopathy in England as compared with Holland; the favourite one, perhaps, being that there was a difference in the constitution of Dutch cows and English ones, which gave the former the inestimable advantage of susceptibility to the action of homœopathic medicines. This was a happy idea, and did for a time; for it is one of the peculiarities of strong faith in weak things that failure does not damp it. It is too ingenious in excuse for that. But still this explanation was in its very nature a thing that could only last for a time. And we fancy it has lost its power even to comfort

homœopaths, who, we must do them the justice to say, during the last few weeks have been creditably quiet and modest. It remains to be seen whether they will be tempted to change this quiet mood and endorse the doctrine of Lord Sidmouth. According to this noble authority the explanation of the failure of homœopathy in England goes into a nutshell. It is entirely attributable to the absence of two gentlemen who "have the misfortune to be homœopathists"—viz., Messrs. Sentin and Gondy. They are said to have the most extraordinary power of preventing and curing the cattle plague. And these gentlemen are willing to make martyrs of themselves, and to come to England for *two or three weeks* for £100 apiece, exclusive of inland expenses. Here, then, are two homœopaths, who are alleged to have cured 73 per cent. of animals in Holland, and to have warded off the disease from 200 more in the middle of the infected district by the administration of preventive medicines, only waiting to be asked to England on the above terms.

We sincerely hope that our homœopathic friends will not allow £200 to stand in the way of the triumphant demonstration that 73 per cent. of plague-stricken cattle can be saved, even in England. Yet we fear there is a chance of Messrs. Sentin and Gondy being allowed to remain in Holland, as far as English homœopaths are concerned. They may be very sound homœopaths, but fellow-believers will scarcely think them pleasant ones. They claim the exclusive possession of the remedies. Lord Sidmouth's account reads as if their homœopathy were a thing *sui generis*—as if they rather chuckled over the unsuccess of their English brethren.

"M. Sentin has repeatedly denied to me the right of any practitioner in England or elsewhere to assert that his method of treatment has been adopted by others than himself and Dr. Gondy. *It is likely* enough, as much indeed *M. Sentin readily admits*, that the homœopathic treatment may have failed in England. For this he and his colleague are not responsible, and they only remark that they have not treated the cases, and their *own remedies* have not been applied."

Now it will be hard for good English homœopaths, who have been dreaming that they have been in happy possession of truth and omnipotent globules, to accept the idea that Sentin and Gondy "are the men," and that the homœopathic wisdom is monopolised by them. We are terribly embarrassed at the variety of homœopathies. Hahnemann's is nowhere just now. A few weeks ago we directed attention to the discrepancy between it and Dr. Kidd's; and here are two other gentlemen, "having the misfortune to be homœopaths," but owning no responsibility for homœopathy as practised in England, and evidently of opinion that amongst us it has failed.

And now let us conclude by urging upon Messrs. Sentin and Gondy to come to our aid without being over-anxious about the £200, or waiting for a warm reception from English homœopaths. Men with their powers should not haggle about terms. Let them come over by the first boat, and proceed to save 73 per cent. of our dying cattle, and we promise them they will make a better bargain after the feat than they can make now, and in the present state of English opinion as to the value of homœopathy in cattle plague. The writer of a sensible letter in *The Times* suggests that there is a large field for these two patriots at home; but prophets have proverbially no honour in their own country, and so they may be prepared to attempt to improve upon the 94 per cent. of failures of the English homœopaths.

MEDICAL TRIALS AND MEDICAL ARBITRATION.

A CASE has lately been tried at the Upton-on-Severn County Court strongly illustrative of the necessity and importance of deciding questions of medical treatment by a medical tribunal. Dr. Williams, a highly respectable physician and surgeon of Malvern, was summoned to attend a woman who in the early part of 1864 had fallen down and injured her knee-joint. The swelling was for some time so great that he was unable to determine whether the patella was fractured, or the tendon of the rectus muscle had been injured. As in either circumstance the treatment would be the same, he adopted means suitable to the relief of the injury. Dr. Weir was called in at the expiration of a fortnight, and agreed in the propriety of the plan Dr. Williams had pursued; suggesting, however, that the foot should be somewhat more elevated than it had been. The patient and her husband (the defendant) expressed themselves satisfied with what had been done; but the knee was subsequently injured by a fall, and the progress of cure interfered with. Pregnancy and delivery also had some influence in retarding the progress of reparation. At the expiration of twelve months the patient sought the advice of Mr. Coates, one of the surgeons of the Worcester Dispensary or Infirmary, and this gentleman gave it as his opinion that the treatment had been less effective than the circumstances of the case warranted. Dr. Williams in consequence received a lawyer's letter threatening him with an action for malpractice. Under these circumstances Dr. Williams felt himself bound to take legal proceedings to enforce his just and most moderate claim of six guineas for his long and, as far as we can judge from the evidence, most skilful and judicious attendance. Hence the present action. Dr. Williams' case was fortified by the evidence of several surgeons of repute in the neighbourhood. The defendant had subpœnaed Mr. Carden and Dr. Marsh in support of Mr. Coates, but these gentlemen did not answer to the call that was made for their appearance, having, as was stated on the part of Dr. Marsh, at least, the excuse of an urgent professional engagement. The judge, Mr. Rupert Kettle, in our opinion, acted with the strictest regard to the equity of the case. He left the question of maltreatment, if such really existed, and which, with the evidence before us, we are quite unable to understand, for future inquiry, and gave a verdict for the plaintiff to the full amount of his claim. Dr. Williams, whose only object in taking legal proceedings was the vindication of his character, very handsomely waived his claim against the defendant. The counsel for the defendant did not seem to be satisfied with the liberality exercised by the plaintiff, and made some observations with respect to costs. The judge thought under the circumstances the less they said about costs the better.

When will medical practitioners see the importance in the interest of the public and the profession of a proper reticence as to their expression of opinion with respect to the propriety of the treatment pursued by their brethren in such difficult cases as the one under review? Mr. Coates, we believe, was actuated by the most honourable motives; but would it have been improper for him to have consulted with Dr. Williams and Dr. Weir before expressing himself as he did at the trial? We think not. There is no reason to suppose that he may not feel some regret at the course which at the time he thought it his duty to pursue. He is a gentleman by education and position, and we are confident that no one will feel more sorrow than himself at doing what might appear an injustice to a professional brother. The moral of all this is clear and distinct. Let really professionally disputes as to points of practice be submitted to a purely professional tribunal. It is not always that a county court judge is possessed of the discretion which characterized the conduct of Mr. Rupert Kettle. We think the course he adopted in this case is entitled to especial commendation, taking into consideration the very difficult issue he had to determine.

LEPERS.

THE traditional sufferings of the leper belong as much to the history of theology and social law as to science. The malady of the leper is one of those mysterious diseases which have defied investigation, of which we do not yet know the origin, and of which we have not yet defined the treatment. Dr. Tilbury

Fox has profited by his recent sojourn in the East to investigate this branch of his favourite study of dermatology, and on Monday evening he read an interesting paper on the subject at the Medical Society of London, of which the principal conclusions are interesting to the scholar and biblical student hardly less than to the medical practitioner. He identifies the biblical leprosy as still existent, and vindicates the Mosaic precautions on the grounds of modern research.

The first part of the paper was an attempt to show that Moses referred especially to the early stages of elephantiasis, his two forms of berat corresponding to the melas and leuce of Celsus, the morphæa alba and nigra of our own times; the boak of Moses being the alphos of Celsus and the lepra vulgaris of Willàn: the three together (melas, leuce, alphos) constituting the vitiligo of Celsus. In his travels Dr. Tilbury Fox ascertained the existence, about the region of the Lebanon range, of two forms of eruption, designated by the generic term *baras:* the one, that of the Arabs, recognised as an early condition of elephantiasis Græcorum; the other, believed to be wholly distinct from and unconnected with the former, called "baras el Israily," and turning out on careful examination to be neither more nor less than Willan's lepra vulgaris. These views of their distinctness have been maintained for centuries by the Mohammedan *literati*. The novelty is the recognition of the nature of this baras el Israily. If this be so, we are enabled at once to affirm that the disease supposed to have been peculiar to the Hebrews and to be now non-existent is really in existence, and is lepra vulgaris. In regard to the relation of syphilis and elephantiasis, Dr. Fox observed that the former is not known to have existed in Syria till the first French invasion, and that it is now known as the "Frank boil;" elephantiasis being largely treated of in Mohammedan writings, without any mention of such a thing as syphilis. Another point to which attention was directed was the large consumption of rancid fatty substance in the form of olive oil, bad fish, sour butter or zibda, and amylaceous materials, in illustration of the influence of bad food.

MR. GREEN'S OPINIONS OF THE EXAMINATIONS OF THE COLLEGE OF SURGEONS.

IN an admirable memoir* of the late Mr. Joseph Henry Green by Mr. Simon, himself no mean authority, the following remarkable passage occurs in reference to the present Court of Examiners of the College of Surgeons, and the policy to which the College still adheres so obstinately in the bestowal of its diplomas for practice:—

"Against those fragmentary professional qualifications which constitute titles to practise medicine or surgery in the United Kingdom, and which distinguish our professional system from that of other civilized countries, so that we may have surgeons with no rudiments of medical knowledge and physicians or apothecaries with no rudiments of surgical knowledge—against this he from first to last protested in vain. And thus, too, I feel sure, it must have been in a matter which more specially concerned his own College. For I know it to have been against his judgment that the Council of the College of Surgeons, charged with the high trust of providing for the due qualification of persons who by that portal shall enter the medical profession, persisted in regarding its own ranks as the only source from which to appoint examiners for this important purpose—a view in which, alas! it still persists, though involving the absurdity and scandal that persons the most removed from contemporary scientific research (superannuated hospital surgeons and the like) are thus the College's sole examiners in those daily growing sciences of Physiology and Pathology which the College affects to promote in the interests of the profession and the public."

We heartily applaud the expression of these sentiments. They reproduce, *totidem verbis*, except that they are, perhaps, somewhat more strongly expressed, the opinions which we have inscribed from the first upon our standard. They are those which will surely prevail. Mr. Simon is literary executor to Mr. Green, and if he is permitted to look over Mr. Green's papers, will in all probability find a plan or scheme by that distinguished man for remodelling the Court of Examiners. We have good reason to believe that he had prepared such a plan, and was waiting for a fitting opportunity to propound it.

* Spiritual Philosophy. Founded on the teaching of the late Joseph Henry Green, F.R.S., D.C.L. Edited, with a Memoir of the Author's Life, by John Simon, F.R.S., Medical Officer of Her Majesty's Privy Council, and Surgeon to St. Thomas's Hospital. Vol. I. London and Cambridge: Macmillan and Co. 1865.

PEST-HOUSES.

THE St. Pancras Board of Guardians have very properly appealed to the central administration to assist them in working out the provision necessary for cases of fever and small-pox. The prevalence of these diseases amongst the poor, and the deficient provision for the removal of such cases, are circumstances to which we have again and again directed attention. Fever is becoming endemic in London, owing to the overcrowding of the poor, which is daily becoming increased by the "improvements" effected by railway and other companies at their expense; and to the absence of any efficient provision in the Health of Towns Act for compelling the removal of fever patients from crowded tenements and the disinfection of such rooms, as well as to the deficiency in hospital accommodation for such cases. The parishes, however, have no right to shift from their own shoulders the burden of providing pest-houses. Efficient sanitary control would indeed greatly diminish the necessity for such accommodation, but would not altogether do away with it. As Dr. Hillier suggests, at least four fever hospitals are needed in four quarters of London, and the parishes should unite to provide them. They have been grossly neglectful of that duty hitherto, although it has been pressingly urged upon them. The guardians of St. Pancras are amongst the sinners; we hail their repentance with joy, and hope that the other boards will co-operate with them, under central supervision, in organizing such refuges for fever cases. But more than this is required; and underlying the whole case is the necessity for those improvements in sanitary legislation to which we have already referred, and to which we shall again return.

Correspondence.

"Audi alteram partem."

DR. WATERS'S PAPER ON PNEUMONIA.

To the Editor of THE LANCET.

SIR,—Your last number contains a letter of Dr. Andrew Clark, in which he asserts his priority in the matter of the elucidation of the true pathology of pneumonia. I have been for some time aware that Dr. Clark has been teaching the more advanced views on the subject, based on original researches of his own, and I can thus confirm his assertion; but inasmuch as he implies that he has not been forestalled by Dr. Addison, I cannot allow such an error to pass without refutation.

Dr. Clark admits that Addison taught that pneumonia did not consist in an interstitial inflammation, seeing that there was no cellular tissue between the air-cells; but concludes that he did not regard the disease as due to an exudation into the air-cells themselves. It is true that Addison, in one of his writings, speaks of red hepatization as being caused by a swelling of the walls of the air-cells, but the general tenour of his opinions is not to be gathered from this isolated extract. I can say positively, and without fear of contradiction, that Addison, during the whole of his career, taught succinctly, unhesitatingly, and even dogmatically, that the inflammatory

process in the lungs was the pouring out of a lymph into the air-cells, and not into any imaginary intervening tissue. The subject was his favourite topic of discourse; it was his own peculiar theme; and had you inquired, prior to his discovery of suprarenal disease, what original work Addison had done, the answer assuredly would have been, his pathology of pneumonia. To endeavour to controvert so well-known a fact must create the utmost astonishment in the minds of his former pupils. Mr. Hilton, I believe, assisted Addison in some of his experiments. But to the proof.

Addison had already propounded his views in his paper on the Anatomy of the Lung before the Medical and Chirurgical Society, and in some early numbers of the Guy's Hospital Reports. In the volume of this work for 1843 there is an essay on Pneumonia, which was read before the Physical Society; and in this he says: "There are probably some present who remember the time and occasion when in this Society, and in opposition to all existing authorities, I ventured to call in question the long-cherished notion that pneumonia had its seat in a supposed parenchyma of the lungs, and that the products of pneumonic inflammation were poured into that parenchyma. Since that time, I have had the satisfaction of witnessing a gradual but comparatively rapid renunciation of the latter views, and the adoption of those advanced for discussion in this Society *so many years ago;* viz., *that pneumonia has its original and essential seat in the air-cells of the lung, and that the ordinary pneumonic deposits are poured into these cells.* It is nevertheless true that some of our most recent authorities are opposed to this opinion, and maintain that the pneumonic deposits are poured into an interstitial tissue; a conclusion which I find myself unable to reconcile with either the healthy or the morbid anatomy of the lungs. I entirely fail to discover any structure to which the terms *interstitial* and *parenchyma* can be fairly applied." (The italics are the author's.) Further on, he speaks (after alluding to Stokes's preliminary stage) of the first stage as produced by an "effusion of serum into the cavities of the cells. It is true there are those who entertain a different opinion, and contend that the effusion, though serous, is not poured into the cells, but into an interstitial tissue. This interstitial tissue I have never been able to discover, whereas anyone with a very little care may satisfy himself that the serous fluid is poured into the cells themselves."

In speaking of red hepatization, it is true, as Dr. Clark describes, that Dr. Addison stated his belief that this condition was due to a tumefaction of the air-cells; and one reason for the opinion was, the diminished cohesion or softening of the pulmonary tissue. When speaking, however, of the next stage, he says: "We have undeniable proof that the cells now admit of an albuminous matter being poured into their cavities: this constitutes the grey hepatization of authors." Afterwards, speaking of purulent infiltration, he says: "That this purulent fluid is contained in the cells themselves, and not in any interstitial tissue, may be further shown," &c. &c.

It is clear from this that, in spite of the isolated quotation made by Dr. A. Clark, in which it appears that Addison considered red hepatization to be due to a tumefaction of the air-cells (or air-sacs), he denied the existence of an interstitial tissue in the lungs, and that he as positively stated that pneumonia was due to an exudation into the air-cells.

In corroboration, I may allude to the fact that Dr. Barlow, in his "Practice of Medicine," teaches the same doctrine. He says: "Not that we recur to the old notion of an interstitial effusion, the fallacy of which was pointed out by Dr. Addison, who demonstrated its impossibility by showing that there was none in the cellular space into which lymph could be effused. But what is meant is, that while the lymph is effused upon the surface of the cell-wall—i. e., into the cell,—the exudation also takes place into the fibrous structure of the cell-wall, as is the case in inflammation of the peritoneum and other serous membranes."

This is what I myself have always taught—that the exudation occurs into the air-cells, but that the loss of cohesion or softening of the lung-tissue shows that the fibrous structure of the cell-walls is infiltrated; just as a peritonitis is shown, not only by the exudation on the surface of the intestine, but by that into the coats themselves, as is proved by the ready separation of the serous from the muscular layer. As showing, however, that these views were not generally taught, I may state that an Irish reviewer of Dr. Barlow's work expressed his astonishment that the author should unhesitatingly teach doctrines the truth of which the profession had not yet recognised. I am not therefore surprised that when Dr. Clark commenced his researches, being in ignorance of Addison's teaching, he looked upon his conclusions as altogether novel.

My opinion is, that Dr. Clark, by an independent investigation, may claim all the merit due to an original discoverer of the true pathology of pneumonia, and at the same time I may state that no one can appreciate more highly than myself the original contributions of Dr. Waters on the subjects of the anatomy and diseases of the lung; but I nevertheless cannot for a moment allow Dr. Addison's name to be put in the shade, as he assuredly preceded these gentlemen by a great number of years. From my own personal knowledge the present theories of pneumonia were taught at Guy's Hospital twenty-five years ago, and hundreds or thousands of Addison's students could corroborate my statement. I apprehend, at the present time, when Virchow's doctrines are gaining ground, that many pathologists will accept the later theory, as being consonant with the notion of a cell-growth from an assumed (?) epithelial lining of the air-sacs.

Allow me to add Addison's opinion in reference to the appreciation by the ear of the congestive stage of pneumonia. "It is a plausible conclusion of one of our ablest writers on pneumonic inflammation (Dr. Stokes), that in the earliest stage of that morbid condition there is a preternatural dryness of the air-cells from an arrest of their natural secretions, and that this stage is characterized by an excited state of the respiratory act, and by a murmur louder than natural. To this belief I am inclined to subscribe, having recently met," &c. Addison also taught that any implication of the bronchial tubes was a complication of pneumonia; and that in true simple pneumonia there was no necessary cough or expectoration. I mention this because I believe it is highly important with reference to the discussion going on as to the mortality of the disease. If the experience of other medical men is the same as my own, they must be constantly meeting with cases, especially of children, in whom pneumonia has been overlooked on account of the absence of cough, expectoration, and pain in the side; but where physical examination has discovered a consolidated lung, especially the upper lobe, and where the patient has recovered without any treatment. If such instances were added to the more common ones of broncho-pneumonia of adults, the percentage of recoveries in any statistics would be immensely raised.

I am, Sir, your obedient servant,

St. Thomas'-street, Southwark, Jan. 1866. SAMUEL WILKS, M.D.

To the Editor of THE LANCET.

SIR,—Your number of last week contains a letter by Dr. Andrew Clark, commenting on a paper by Dr. Waters, with reference to the structure of the healthy lung and the situation of pneumonic deposit in the diseased organ.

I shall be glad to hear of *any* respectable histological treatise published during the last twenty years affirming the existence of that areolar tissue, the denial of which both of these gentlemen claim as an original and important discovery. Certainly, to speak for myself, who have been engaged in teaching Anatomy during that time, I have had no more idea of originality in describing the vesicles of the lung as substantially devoid of such tissue than in teaching that the biceps humeri had two heads.

Works on medicine and its especial branches often partake so largely of the nature of advertisements, that it would be absurd to criticize the pathology of many of them. But I have always known, and taught, that the pneumonic deposit occupied the vesicles just as surely as the brain (save by metaphor) occupies the skull.

To speak seriously, Sir, I think the unopposed advancement of such claims likely to bring on English physiology and medicine the ridicule of scientific Europe.

I am, Sir, your obedient servant,

January, 1866. VIGO.

To the Editor of THE LANCET.

SIR,—Without wishing to deny, even by implication, any claim of Dr. Waters to original discovery in regard to the minute anatomy of the human lungs, it is an act of simple justice on my part to confirm the statements of Dr. Andrew Clark on the subject of his public teaching on the structure of the air-vesicles.

I have a note-book of Dr. Clark's lectures on Physiology in the winter session of 1858–59, in which the following words occur:—"There is no *inter*vesicular tissue; the wall of one air-vesicle forms the wall of the next."

I am, Sir, yours &c.,

W. BATHURST WOODMAN, M.D.

London Hospital, Jan. 16th, 1866.

THE POINTS OF RESEMBLANCE BETWEEN CATTLE PLAGUE AND SMALL-POX.

To the Editor of THE LANCET.

SIR,—Since I last addressed you, I have had the opportunity of repeating my observations on the alterations of the skin in cattle plague, in another series of experimental animals, in all of which the appearances have been carefully scrutinized from day to day; and, on Saturday last, I made a journey into the country for the purpose of examining, with the able co-operation of Mr. Duguid, Lecturer on Physiology in the New Veterinary College, thirty-five animals in various stages of the disease.

The appearances which present themselves during life may be designated as follows:—(1) Gamboge incrustation; (2) separation of the superficial layers of the epidermis; (3) formation of elevations of the surface, consisting of (*a*) smooth tubercles or nodules, (*b*) smaller and more rapidly formed papules.

Of these appearances, the first, the gamboge incrustation, is by far the most common. It occurs at an early period in the disease, not more than two or three days after the characteristic changes of the mucous membrane of the mouth, described by me at the Pathological Society, have commenced. The affected parts are at first unctuous to the touch, as if smeared with some greasy substance. In the course of a day or two this sebaceous secretion crusts upon the surface, assuming a pale-yellow colour, precisely similar to that of moistened gamboge.

The separation of the epithelium occurs somewhat later, and is dependent, as I stated in my former letter, on the exuberant development of nuclear corpuscles at the surface of the corium. It is, I believe, always associated with hyperæmia of that structure, which in those parts in which the epidermis is thin and transparent communicates a red colour to the skin (so-called roseola). This appearance is met with only on the udder and around the vulva.

The smooth tubercles are found on dissection to be due to enlarged sebaceous glands choked with secretion. This material is liable to soften and become diffluent, in which case it assumes the character of an abscess below the cuticle, or acne pustule.* The papules consist of elevations of the cuticle around single hair-bulbs or groups of hair-bulbs; these, although they differ somewhat in different parts of the skin, have certain characters in common. On cutting into them they are found to have soft centres, but firm superficial crusts; on detaching these the hair-bulbs and sebaceous follicles to which they adhere are drawn out with them, and a moist and slightly reddened surface is left behind. They never yield any liquid juice or serum, but the encrusted hair-bulbs and follicles are found to be embedded in the same pulpy material, consisting of nuclear corpuscles, by which the loose epidermis is separated from the cutis. They are never surrounded with any areola, and never assume a vesicular form; they have not the most distant resemblance to the papules of small-pox.

The appearances above described are met with in the neighbourhood of the mouth, on the perineum, udder, and scrotum, and on the neck from the poll to the withers. In consequence of the anatomical peculiarities of the integument of the udder in milk cows, and particularly of its redness in glands, the alterations in question are more marked around the teats of these animals than in any other situation. In the thirty-five animals examined last Saturday, all of which were heifers, excepting one, they occurred as follows:—The sebaceous gamboge-coloured incrustation was met with in some part of the body in thirty-one; it existed in a marked degree on the chin and around the mouth in thirteen, here forming, in some instances, a thick layer which, although bright yellow when dry, was white where moistened by the discharge from the mouth; on the skin of the neck it was abundant in seven animals, forming a continuous layer of firm consistence, by which the hair was matted together, but was entirely absent in twenty-five. On the soft skin of the inside of the thighs, the udder, and perineum, it was obvious in ten animals, but here it was apt to assume a furfuraceous character. The detachment of the epithelium around the vulva and near the corner of the mouth was observed in a few cases, in which the cutaneous surface of these parts had assumed a cracked or crumpled appearance. The elevations which I have ventured to call papules were well marked in two animals, in the neighbourhood of the vulva, but were much more frequently met with on the chin and around the mouth; in each instance they were carefully examined, and several of them cut into for the purpose of ascertaining that they contained no liquid.

I may mention that in every animal, with the exception of one that was convalescent, the alterations of the mucous membrane of the mouth which are pathognomonic of rinderpest were observed.

During this laborious investigation, I could not help regretting that my friend Dr. Murchison was not present, for if he had been he would have seen that of the three elements of which he repeats in his article of last week that the "eruption in rinderpest" consists, not one was met with in any of the thirty-five animals examined. Neither "patches of roseola, pustules, nor petechiæ" could be discovered in any single instance. What, I ask, is the use of repeating over and over again the worn-out passage of Ramazzini about the "pustulæ ac tubercula variolarum species referentia" in support of a theoretical speculation, whereas the question might easily be settled by half-an-hour's attentive examination of the eruption as it presents itself during life?

I am, Sir, your obedient servant,

J. BURDON SANDERSON, M.D.

Queen Anne-street, Jan. 15th, 1866.

P.S.—There are now animals at the Albert Veterinary College in various stages of rinderpest, by the inspection of which anyone may satisfy himself as to the accuracy of the above descriptions.

* These tubercles were not found in any of the animals examined on Saturday. They are common on the udders of milk cows affected with the disease, but have no constant relation to rinderpest.

"ENTOZOA" IN FLESH.

To the Editor of THE LANCET.

SIR,—Dr. Fenwick was good enough to direct my attention to his discovery of the so-called "Rainey's" bodies in the muscles, and especially in the hearts, of cows dead of cattle plague, some little time since, in fact several days before his letter on the subject appeared in *The Times*. I was then fully occupied with the preparation of my Report for the Royal Commissioners, and unable to investigate the matter for myself. I must confess, too, that, while not questioning the entire accuracy of Dr. Fenwick's observations, I did very much question (for reasons which it is scarcely necessary to specify) their importance, as tending to throw light on the nature and origin of the cattle plague.

Dr. Fenwick's letter seems, however, to have excited some little interest, and I have therefore felt it my duty, as soon as leisure and opportunity permitted, to investigate on my own account the question to which his letter relates. The results may be given in a very few words.

On Saturday last, I examined the carcases of two heifers, dead of cattle plague, at the Albert Veterinary College, and I found Rainey's bodies in considerable abundance in all their muscles that I tested with the microscope, in the tongues, in the deep muscles of the neck, in the muscles of the abdominal walls, and especially in the muscular parietes of their hearts. Last night I bought three bullocks' hearts of a respectable butcher in my neighbourhood. I examined them carefully; and in every case I found (imbedded in the muscular fibres) the same species of parasite (Rainey's bodies) which I had found in the former cases, equally matured, and, so far as I could see, equally abundant.

Whether these bodies are animal or vegetable, I do not undertake to say, but there is no doubt that they are the bodies which Mr. Rainey described some years ago, and which at that time he believed to be immature cysticerci cellulosæ. I examined them with him, and have drawings of them by me. They are of much pathological interest, and still need elucidation, but obviously they have only an accidental connexion with the cattle plague.

I have hitherto refrained from taking part in the more important controversy which has been going on relative to the identity or non-identity of the cattle plague with human small-pox, and I have thus refrained, chiefly because it has seemed to me somewhat out of order, if not injudicious, for those who are employed to investigate the cattle plague to enter upon a controversy upon a point in connexion with it which their own investigations are intended to clear up, and which can only be cleared up by such investigations. I may take this opportunity, however, of saying a few words on the subject. No

one acquainted with the morbid anatomy of small-pox could fail, on examining cows dead of cattle plague, to be struck with the close resemblance which exists between these two diseases in regard to their morbid anatomy. Allowing for the absence from the human being of the first three stomachs of the cow, the description of the internal lesions observable in the cattle plague might serve almost exactly for the description of the internal lesions in small-pox. This fact struck me at the very first post-mortem of a cow on which I was engaged, before even I had any suspicion that there was an eruption on the skin at all resembling that of small-pox. But I have since then examined the cutaneous eruption very carefully in a good many cases, and I have no hesitation in asserting that the eruption, though resembling superficially that of small-pox, is essentially different from the eruption of small-pox, as that eruption has hitherto been known to me by observation and by reading, and is essentially different, too, from the eruption of vaccinia. I agree generally with the description of it which Dr. Sanderson has given. I've never yet seen a vesicle. I've never yet seen a pustule. I've never yet seen that destruction of the surface of the skin which in small-pox leads to pitting.

It is quite certain that cattle plague has a very much closer resemblance to small-pox than to any other human disease with which we are acquainted; but resemblance and identity are two very different things. I incline decidedly to the belief that the two diseases are distinct, but I am very far indeed from asserting that they are so.

I am, Sir, your obedient servant,

J. S. BRISTOWE, M.D.

Queen-square, Westminster, Jan. 16th, 1866.

*** We very much regret that we are unable to publish this week a valuable communication of Dr. Cobbold, the leading authority on helminthology in this country, on the subject of "Spurious Entozoa in Diseased and Healthy Cattle." It arrived too late for insertion in this number, but shall appear next week.—ED. L.

ON THE TREATMENT OF TROPICAL HEPATITIS.

To the Editor of THE LANCET.

SIR,—Although unwilling to prolong my controversy with Dr. Cameron or to tax the patience of your readers, permit me to offer the following brief summary of the points in dispute.

1. Dr. Cameron, in your pages, urged a return to the practice of exploring the liver in search of a purulent collection, with a view to its discharge through the abdominal parietes by means of an artificial opening.

I objected to this on the ground (*a*) of my knowledge of the little success that attended the measure in Southern India in the hands of Inspector-General Murray, who revived, if he did not originate the practice, and the medical officers who were induced by him to perform the operation. (*b*) Because many abscesses in the liver tend naturally to discharge themselves through the lung, or into the stomach or bowels—points of issue which give a much larger proportion of recoveries than an external opening, whether that opening be made by Nature or by the trocar of a surgeon; clearly because in the latter case it is impossible to exclude the free admission of air into the suppurating cavity. (*c*) Because abscesses in the liver are frequently multiple, and because it is impossible for the most experienced physician to say beforehand whether the case be one of single or multiple abscess. (*d*) Because in an extensive field of personal experience, ranging over twenty-two years of service in Southern India and the malarious rivers of China, from Canton to Nankin, I had seen only unsatisfactory results follow the practice.

2. Dr. Cameron in a subsequent paper advocated the treatment of acute hepatitis by enormous bleedings, and urged this method of treatment by precept and example even in the cases of men advanced in life, and with constitutions depraved by long residence in a malarious climate and by intemperance. I also understood Dr. Cameron, and so did many others who read his paper, to say that suppurative inflammation of the liver is always ushered in by the acute and well-marked symptoms he described.

Now, I objected (*a*) that there are two kinds of inflammation—viz., of the parenchyma and of the capsule. That the form which causes the most acute pain, tenderness on pressure, high fever, and suchlike symptoms, is, as a rule, that of the capsule, "perihepatitis," the capsular or adhesive inflammation of other authors—a form which does not tend to suppuration at all. (*b*) That in a large number of cases, occurring, I may add, chiefly in malarious localities and in connexion with dysentery, suppuration takes place in a much more silent and insidious manner; and it often happens that the urgent symptoms described by Dr. Cameron begin, not at the commencement, but at the end of the process, when pus previously formed making its way to the surface involves the capsule. The note-books of every physician of large tropical experience must be full of such cases. A late illustrious victim to the climate of India and to the crushing anxieties of public life, within three days of his death declared that he had not a single uneasy sensation in the right hypochondrium, and yet, after his death, the liver was found to be the seat, not of one but several abscesses.

Dr. Cameron assumes, because I say that the enormous bleedings he urges are not based on sound views, that therefore the practice I advocate is that "of waiting to see what will turn up." Your readers will not fail at all events to "see" that this is a mere assertion on Dr. Cameron's part. Those who are familiar with my practice and teaching will take the assertion at its proper value.

I have not the least expectation that anything I can say is at all likely to convince Dr. Cameron; but I ask you to give space to this my last communication on the subject, in order that those who take an interest in this question may learn my opinions from myself, and not through the distorting medium of Dr. Cameron's last letter.

I am, Sir, faithfully yours,

Netley Hospital, Jan. 1866. W. C. MACLEAN, M.D.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Since the last report published in your journal I have received £7 3*s.* 6*d.*, as the annexed list will show, which has not only placed the Association out of debt, but leaves a small surplus for future proceedings. To this surplus I trust the Poor-law medical officers generally will add their subscriptions, and thus enable the Association to take active proceedings during the ensuing session of Parliament.

There is a question now before the country to which I desire to call the attention of the Poor-law medical officers—viz., "the rinderpest," which, should it be proved to be a malignant form of small-pox, will compel the Government to consider the question of the compulsory vaccination of all calves not to be killed as such, and thus prevent the spread or reappearance of the rinderpest in the United Kingdom. Should such be the case, and the Poor-law medical officers not consider it derogatory to vaccinate these animals in their respective districts, a very material addition might be made to their at present miserable incomes; besides this, it would be the means of keeping up the supply of lymph for the human subject. If, however, they should decline to do this I feel certain that those who are deputed to vaccinate the calf (a much more difficult operation than that in the human subject) will after a time vaccinate the infant, and thus a material reduction instead of an increase may be made in the incomes of the Poor-law medical officers. I throw this out for the consideration of my brethren, that steps may be taken to insure the attainment of this object should they desire it.

R. Griffin, Weymouth, 21*s.*; H. T. Matthews, Horsham, 21*s.*; C. F. Lewis, Horsham, 5*s.*; W. Martin, Horsham, 10*s.*; R. Harrison, Kendall, 5*s.*; A. Cheeves, St. Germains, 5*s.*; H. E. Sargent, Launceston, 5*s.*; H. B. Goold and W. B. Norman, Portsea Island, 10*s.*; W. A. Raper, Portsea Island, 5*s.*; J. Allnutt, Portsea Island, 5*s.*; J. E. Brine, Shaftesbury, 21*s.*; T. H. Swaine, 10*s.*; W. H. R. Bennett, 10*s.*; J. S. Miles, 10*s.*

Royal-terrace, Weymouth, Jan. 13th, 1866. I am, Sir, yours, &c., RICHARD GRIFFIN.

ASSOCIATION FOR THE IMPROVEMENT OF THE CONDITION OF THE SICK POOR IN THE METROPOLITAN WORKHOUSES.—An association, with the above title, is in process of formation. With a view to the furtherance of this object it is proposed that a public meeting be called early in February. The temporary honorary secretaries for the purpose of organization are—Mr. Ernest Hart, 69, Wimpole-street; Dr. Anstie, 16, Wimpole-street; and Dr. Rogers, 33, Dean-street, Soho. Mr. John S. Storr, 26, King-street, Covent-garden, is treasurer *pro tem.*, with either of whom gentlemen willing to give their aid are requested to communicate.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 16th inst., and when eligible will be admitted to the pass examination :—

Barlow, Charles, Charing-cross Hosp.	Linton, H. J., Westminster Hospital.
Bucknill, W. C., St. Bartholomew's.	Littleton, P. R., St. Bartholomew's.
Chapman, John, St. Mary's Hospital.	Lloyd, T. C., University College.
Clarke, Edward, Philadelphia.	Lucas, S. A., Dublin.
Docking, Thomas, University College.	Martindale, G. E., Guy's.
Draper, William, Middlesex Hospital.	Nadin, A. C., St. Bartholomew's.
Estcourt, Henry, Manchester.	Norris, H. F., St. Bartholomew's.
Fussell, Ernest, Guy's.	Stothard, James, St. Bartholomew's.
Gray, A. R., Aberdeen.	Tobin, George, St. Bartholomew's.
Hall, J. A., Leeds School.	Walker, C. E., St. Bartholomew's.
Hallowes, A. H. B., St. Bartholomew's.	Walker, James, Leeds School.
Horsfall, John, St. Bartholomew's.	Watson, F. H., St. Bartholomew's.
Leonard, William, Dublin.	White, J. C., Westminster Hospital.
Lettis, Thomas, University College.	Yule, J. S. C., Charing-cross Hosp.

It appears that no less than 8, or nearly one-fourth, of the candidates who offered themselves for this examination, were referred back to their studies for three months.

The following gentlemen passed on the 17th inst.:—

Bosworth, J. R., Guy's.	Parry, Charles, St. George's.
Carbery, Joseph, Calcutta.	Pavey, James, London Hospital.
Cox, W. A., Charing-cross Hospital.	Roworth, Alfred, St. Bartholomew's.
Evans, John, St. Bartholomew's.	Schömberg, N. E., King's College.
Evans, Septimus, London Hospital.	Sewill, H. E., St. Mary's.
Harris, William, St. Mary's.	Spencer, W. W., Newcastle.
Hensman, Arthur, University College.	Stevens, R. H., King's College.
Hobbes, J. L., Charing-cross Hosp.	Thomas, G. A., St. Bartholomew's.
Geldart, G. W., Newcastle.	Waller, John, University College.
Molloy, M. H., Dublin School.	Webb, T. E., Guy's.
Nolan, William, Dublin School.	

On this day, 9 out of the 30 candidates who offered themselves were rejected, making a total of 17 out of 66, or rather more than a fourth.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—

Dickson, John Thompson, Logie Lodge, Clapham-park.
Fowler, William, Birmingham.

HOSPITAL AT NAPLES.—A new clinical hospital has been opened in this place. It contains 350 beds.

CHOLERA.—It is stated that cholera has made its appearance at Cherbourg, but the cases are not numerous.

A MILK FAMINE.—At Larre, a village in the Isle of Thanet, all the cattle have died of the plague.

MORTALITY OF LONDON.—The deaths in London last week were 1506.

A NEW ARTESIAN WELL.—The new well lately sunk in Paris makes the third this city possesses.

MEDICAL STUDENTS AT NAPLES.—There are about 4000 students of medicine in this city.

STREET ACCIDENTS.—Nearly 300 of these accidents happen annually in London.

DEAF MUTES.—It is stated on official authority that there are 2000 deaf mutes in the metropolis.

MORTALITY OF SCOTLAND.—The death-rate of Scotland, by the last returns, is below the average.

CHOLERA AT GUADALOUPE.—There is a great diminution in the number of deaths from cholera in this place.

HEALTH OF GRENADA.—Fevers are very prevalent at Grenada, and the Board of Health are taking all possible precautions to prevent the infection of cholera.

NAVAL MEDICAL SUPPLEMENT FUND.—At the meeting held of the directors, on the 9th inst., Dr. T. W. Johnston in the chair, £95 was divided amongst the applicants for relief.

THE LONDON HOSPITAL.—The inquiry relative to the alleged case of neglect at this hospital is to be held on Tuesday next.

LONDON FEVER AND THE RAILWAYS.—Dr. Whitmore states that, owing to the great increase of railways in the metropolis, the accommodation for the poor is less than ever, and fever has been much on the increase in consequence of the overcrowding and want of ventilation.

EUROPEAN SANITARY CONFERENCE.—Dr. Bartoletti and Sadi Effendi have been deputed by the Porte as its delegates in the approaching European Sanitary Conference to be held at Constantinople.

HOSPITAL ACCOMMODATION.—On Tuesday afternoon, a deputation from the parish of St. Pancras waited on the Poor-law Board, on the subject of the necessity of increased hospital accommodation for fever and small-pox patients.

SIR JOHN MACGREGOR, K.C.B., who died on the 13th inst. at Ryde, Isle of Wight, was formerly Inspector-General of Army Hospitals, and honorary physician to the Queen. He was seventy-four years of age.

MR. BENJAMIN TRAVERS, F.R.C.S.—There is no truth in a statement published in some of the daily newspapers that the above gentleman has lately died at the age of fifty-two.

DEATH OF DR. DAUGLISH.—This gentleman, whose name is so well known as the inventor of aërated bread, died on Sunday last at Malvern. His death is said to have been hastened by his intense application to his scientific experiments.

SCURVY.—Mr. Harry Leach, resident medical officer of the Hospital Ship *Dreadnought*, reports that during the past year scurvy has been much on the increase—twenty more cases having occurred during 1865 than have been known for many years.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following gentlemen passed their major examination on the 17th inst. as Pharmaceutical Chemists :—Lawrence R. Barnes, Preston; Henry H. J. Braund, Crediton; Robert Rowe, Yeovil; Denzil Thomson, Worcester; Alexander Towergey, London.

REVOLUTIONARY ENTOZOA.—The ministerial Prussian organ (*Norddeutche Allgemeine Zeitung*) contains leader upon leader contending that the trichinæ are used merely as a means of revolutionary agitation by the enemies of the Government. The question naturally arises, Why does not Bismarck put these revolutionary animals down?

PROFESSOR SIMPSON, who so lately received a baronetcy, has suffered a severe domestic bereavement in the death of his eldest son, aged twenty-five. A public dinner, at which Sir James Simpson was to have been entertained, and of which Sir J. G. Baird, Sir David Brewster, Dr. John Smith, and Sir James Dunsmure had taken charge, has consequently been postponed.

ASSAULT ON A NAVAL MEDICAL OFFICER.—Private Bernard Daly, of the 40th Regiment, having been tried by a court martial for his savage and unprovoked attack on Surgeon-Major Webb, M.B., during the time he was undergoing a medical inspection at the General Hospital, Chatham, has been sentenced to be dismissed her Majesty's service with ignominy, to be branded with the letters "B. C.," and to be kept in penal servitude for five years.

HUNTER V. THE PALL-MALL GAZETTE.—COURT OF QUEEN'S BENCH, JAN. 11TH, 1866.—Mr. Hume Williams moved, on the part of Dr. Hunter, to set aside a plea that had been made by the defendant as too general, "that the matter of the alleged libel was true in substance and in fact." The learned counsel contended that the plaintiff was entitled to an order for particulars of the charges intended to be imputed to him. The plea was so general that it was wholly left at large what it was intended to allege and to prove, and might include the matters which had come before the police-court upon the charge of rape. The application was refused on the ground that the scope of the plea was the same as the libel, and did not refer to the charge made at the police-court.

A LYONS SURGEON ON ENGLISH SURGERY.—M. Desgranges, an eminent hospital surgeon of Lyons, lately delivered a discourse, at a meeting of a learned society of that city, with the following title—"On Public Charities in France and England." Among the topics alluded to, there is one in which the speaker has taken, it seems to us, an erroneous view of the motives of British operating surgeons. He says: "We Frenchmen value life as much for the poor as the rich; as surgeons, we have the same regard for a patient who will after recovery remain helpless, as for the artisan who, after being cured, can resume work. In England matters are not always considered in this light. In that country, tormented with in-

cessant activity, and ever striving after utilitarian results, the value of a man is reckoned upon his productiveness; hence, when disease has rendered him useless, he is considered to have no right to refuse the boldest operative measure, meant to fit him for work, and restore his social value. Is it, therefore, surprising that this way of viewing matters, which is very illustrative of the national character, should favour the venturesome attempts which have spread far and wide the scientific renown of English surgery?"

M. KŒBERLE ON UTERINE FIBROUS TUMOURS.—The author has published an article on this subject in the *Gazette Médicale de Strasbourg*. After relating several cases, he proposes the following rules:—

1. Uterine fibrous tumours, which prove inconvenient by their size, the region wherein they are seated, or the symptoms to which they give rise, may be extirpated through the abdominal walls, when they threaten to shorten the patient's life, and whether the tumours are pedunculated or interstitial.

2. When the pedicle is narrow, the tumour may be removed, after deligating the former. This operation, when carefully performed, presents the same risks as ovariotomy.

3. When the ligature must include the body of the uterus, or when the latter contains other fibrous nuclei, amputation of the uterus above the vagina should be performed, the complete extirpation of the organ being desirable. The ovaries and broad ligaments should likewise be removed—because they are no longer of any use; because their existence is a cause of periodical congestion, and of general uneasiness, and they may endanger the results of the operation; and lastly, because the whole proceeding becomes thereby easier and less perilous.

4. The removal of uterine fibrous tumours is especially indicated in young women, with whom these growths increase rapidly, especially when they undermine the patient's health, when they give rise to dangerous hæmorrhage, when they threaten to shorten life, or make patients miserable by the inconvenience, the unpleasant symptoms, or the infirmities they occasion.

The operation should be performed, if possible, before the health is considerably impaired, and before the tumour has acquired too large a size (say a diameter of eight or ten inches). The operation is counter-indicated when the adhesions are extensive, when the tumour is considered insusceptible of removal owing to its numerous connexions, especially when lying on the broad ligament, or to increasing ascites, which on removal of the fluid has a tendency to re-form rapidly, to the existence of concomitant incurable affections, or circumstances which may interfere with the favourable results of the operation.

MEDICAL VACANCIES.

Morpeth Dispensary—Resident Medical Officer.
Southampton—Officer of Health.

MEDICAL APPOINTMENTS.

A. D. ANDERSON, M.D., has been nominated a Director of the Glasgow Royal Lunatic Asylum by the Faculty of Physicians and Surgeons, Glasgow.
Mr. J. BARLOW, of Wem, has been elected Dispenser to the Salop Infirmary, Shrewsbury, vice Mr. W. Edwards, resigned.
T. BLADES, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Morland District of the West Ward Union, Westmoreland, vice J. M. Fothergill, M.D., resigned.
A. CANTON, M.R.C.S.E., L.D.S. R.C.S., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, Soho-square, vice W. F. Forsyth, L.D.S. R.C.S., resigned.
J. CLARKE, L.K.Q.C.P.I., has been appointed Surgeon to the Constabulary, Ballieborough, Co. Cavan, vice J. Taylor, L.F.P. & S. Glas., deceased.
C. EVANS, M.D., Assistant-Physician to King's College Hospital, has been appointed Pathological Registrar of that institution.
E. F. FUSSELL, M.B., M.R.C.P., has been appointed Treasurer to the Brighton Lying-in Institution.
Dr. G. DE G. GRIFFITH, Physician to the Pimlico and Westminster Institute for Diseases peculiar to Women and Children, has been elected Physician-Accoucheur to St. Saviour's Maternity Charity.
E. GWYNN, M.D., has been appointed Surgeon to the Holloway and Islington Dispensary, vice Dr. Benson, resigned.
J. HARRISON, M.R.C.S.E., has been appointed Medical Officer for the Braintree District of the Braintree Union, Essex.
GEO. HATCHELL, M.D., has been admitted a Member of the Royal Irish Academy.
W. HOFFMEISTER, M.D., M.R.C.S., has been elected one of the Surgeons to the Cowes Dispensary.
W. L. HOPKINSON, M.D., has been appointed Consulting Physician to the Stamford and Rutland Infirmary, on resigning the Honorary Physiciancy.
P. A. JACKSON, M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Bilesdon Union, Leicestershire, vice J. Hunt, M.R.C.S.E., resigned.
W. LYON, M.D., has been nominated a Director of the Glasgow Royal Lunatic Asylum by the Faculty of Physicians and Surgeons, Glasgow.
W. NEWMAN, M.D., M.R.C.S., has been appointed Surgeon to the Stamford and Rutland Infirmary.
C. F. OXLEY, L.R.C.P.Ed., has been appointed Resident House-Physician to the Westminster Hospital, vice C. St. Aubyn Hawken, M.R.C.S.E., whose appointment has expired.
J. M. PAGAN, M.D., has been re-elected a Director of the Glasgow Royal Lunatic Asylum.
T. H. REDWOOD, L.R.C.P.L., has been appointed Senior Assistant-Surgeon to the Rhymney Iron Works, Monmouthshire, vice T. Damant, L.R.C.S.Ed., appointed Medical Officer for District No. 3 of the Aylsham Union, Norfolk.
W. RIVINGTON, F.R.C.S.E., Assistant-Surgeon London Hospital, has been elected Surgeon to the London Dispensary, Church-street, Spitalfields, vice T. B. Curling, F.R.C.S.E., resigned.
O. B. SHORE, M.D., M.R.C.P.L., has been appointed Physician to the Stamford and Rutland Infirmary, vice W. L. Hopkinson, M.D., M.R.C.P.L., resigned.
T. SKINNER, M.D., has been appointed one of the Medical Officers to the Lying-in Hospital, Liverpool.
ARTHUR B. STEELE, M.R.C.S.E., has been appointed Lecturer on Midwifery and the Diseases of Women in the Liverpool Royal Infirmary School of Medicine.
T. TAYLOR, M.R.C.S.E., has been appointed Medical Officer for the Bocking District of the Braintree Union, Essex.
Mr. T. A. TURNER has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, King William-street, Strand, vice J. G. Mackinlay, L.R.C.P.L., appointed Resident Medical Officer to the Charing-cross Hospital.

Births, Marriages, and Deaths.

BIRTHS.

On the 5th inst., at Mansion House-road, Grange, Edinburgh, the wife of N. Bethune, M.D., of a daughter.
On the 6th inst., at Shaftesbury, the wife of I. H. Swain, M.D., of a daughter.
On the 10th inst., at Charlotte-square, Edinburgh, the wife of J. B. Tuke, M.D., of a son.
On the 10th inst., at The Elms, Foots Cray, the wife of J. L. Sands, M.D., Surgeon R.N., of a son.
On the 11th inst., at Uxbridge, the wife of W. H. Vipan, M.R.C.S.E., of a daughter.
On the 11th inst., at Calder-bank, Mid Calder, the wife of W. Watson, M.D., of a son.
On the 11th inst., at Bayswater, the wife of W. T. Morgan, M.D., of a son.
On the 12th inst., at Wivenhoe, Essex, the wife of S. N. Squire, M.R.C.S.E., of a son.
On the 13th inst., at High House, Enfield-highway, the wife of Dr. M. C. Dukes, of a son.
On the 14th inst., the wife of D. M. Maclure, L.R.C.P.L., of Harley-street, of a son.

MARRIAGES.

On the 9th inst., at St. George's, Hanover-square, Dr. William Loney, Staff Surgeon R.N., of H.M.'s Hospital at Haulbowline, to Margaret Rose, daughter of the late H. Luke, Esq.
On the 11th inst., at Norwood, Frederick Woodman, M.D., of Deal, to Alice Emily, daughter of the late H. Cowie, Esq.

DEATHS.

On the 31st ult., at Gurtadda House, Co. Limerick, Wm. Bailey, M.D., for many years a Surgeon R.N.
On the 8th inst., C. Anderson, for thirty-seven years Chemical Assistant at the Royal Institution of Great Britain, Albemarle-street.
On the 9th inst., Ebenezer Clarkson, M.D., of Selkirk.
On the 12th inst., W. Hulke, M.R.C.S.E., of Lower-street, Deal, aged 74.
On the 14th inst., at Furze-bank, Great Malvern, J. Dauglish, M.D., aged 61.
On the 14th inst., at Mountjoy-square, Dublin, J. R. Dunne, F.R.C.S.I., of Moymore, Co. Clare, J.P. for the County.
On the 16th inst., at Campbell-row, Bow, Annie Madeline, infant daughter of J. Stillwell Hawkins, M.R.C.S., aged 14 months.
At University College Hospital, of typhus fever, W. Andrew Patrick Stewart M.R.C.S.E., Senior Physician's Assistant, aged 21.

BOOKS ETC. RECEIVED.

Galezowski: Etude Ophthalmoscopique sur les Altérations du Nerf Optique.
The Atlantic Telegraph. By Dr. Russell.
Dr. Brown-Séquard: Journal de la Physiologie. No. XXIV.
Dr. A. Wahu de l'Emploi et de l'Action de l'Arsenic en Médecine.
Prof. Owen on the Anatomy of Vertebrates. Vol. I.
Mr. J. A. Blake on Moral Treatment of Insanity.
Lindley's Treasury of Botany. Two Volumes.
Mr. Hugman on Hip-joint Disease.
Dr. Johnson's Notes on Cholera.
Trousseau's Lectures on Clinical Medicine.
Das Chloroform. Von Dr. F. Sabarth.
Der Hirngeschwulste. Von Dr. P. Ladame.
Dr. Ziegler on Nitrous Oxide.
Capt. Galton's Report on the Herbert Hospital; with Plans.
Morningside Mirror. Vol. XX.
Queen Emma: a Narrative.
Rev. J. B. Harbord's Short Sermons for Hospitals and Sick Seamen.
Mr. J. Lorimer's Constitutionalism of the Future.
Doctor Kemp. Two Volumes.
Dr. Travis on Moral Freedom.
Blackwood's Shilling Scribbling Diary.
Art Journal.
Popular Magazine of Anthropology.
Dr. Rennie's Story of the Bhotan War.

To Correspondents.

"BRAHEE SUGAR."

WE find with regret that the author of the letter on "Brahee Sugar," as a means of treating rheumatism, is selling under that name a patent medicine. We need not say that this is a course of which we entirely disapprove, and we consider that in obtaining admission into our columns for a letter on what turns out to be a secret preparation, the author has deceived us, very ungenerously, it is true, but very unfairly. We repudiate secret remedies of all kinds. Had we supposed that this "sugar" was one, the communication in question would not have been admitted into our columns. Of course in admitting it we offered no opinion as to the value of the alleged remedy. The subsequent conduct, however, of the author, makes it a duty on our part to warn any who might be misled by the use of the name of THE LANCET, that we have no knowledge whatever of the value or worthlessness of the substance, and no one is entitled, either directly or by implication, to use our name as a recommendation of it.

Subscriber.—Cuvier's brain weighed rather more than 64 oz.; that of the late Dr. Abercrombie, 63 oz.; and that of Dupuytren, 62½ oz.

Public Vaccinator must attach his name and address to his communication.

SYPHILIZATION.

To the Editor of THE LANCET.

SIR,—In a letter from Dr. Vintras, published in your last number, and referring to the recent discussion on syphilization at the Medical Society of London, there is a statement which I cannot allow to pass unnoticed, lest my silence should be interpreted to signify my assent to it.

Dr. Vintras says that the surgeons of Lyons have shown, amongst other things, that the secondary symptoms of syphilis were neither cured nor even benefited by mercury, and that "their statements have been fully borne out at the meeting in question by Mr. James Lane, who dealt a heavy blow to the unicists in admitting that relapses were more numerous and of a more serious character during a mercurial treatment than with any other, clearly proving its utter uselessness as an anti-syphilitic remedy."

Nothing could possibly be further from my thoughts than such an admission. I said, speaking of syphilization, that it was a method which *professed* to cure the secondary disease permanently, and that the relapses which were so frequent after mercurial *and other* treatment would, it was said, not occur at all after syphilization, or would be so slight in degree as to be of little or no importance. Except with reference to syphilization, I made no allusion to the comparative merits of mercurial and non-mercurial treatment. Had I done so, I should certainly not have made the admission attributed to me in favour of the latter.

Having always been a firm believer in the one-poison theory, I wish to add, with reference to the heavy blow which I am said to have dealt to my friends the unicists, that I did not allude either directly or indirectly to the question at issue between the so-called unicists and dualists. The subject under discussion was solely the treatment of the *secondary* disease, and what this can have had to do with the unity or duality of the poison producing the *primary* ulcer I am unable to understand.

My belief in the unity of the syphilitic poison would have received ample confirmation in my mind, had any been needed, from the experiments on syphilization in which I have been engaged for the last four or five months.

I am, Sir, your obedient servant,

Berkeley-street, Piccadilly, Jan. 15th, 1866. JAMES R. LANE.

Mr. C. Target.—No means can be employed with any hope of success to facilitate the descent of the organs in question; but their functions may be as perfect in the position they now are as if they were in their normal situation. Cases are recorded in exemplification of this fact.

Shrewsensis.—1. Yes.—2. By application to Alfred Haviland, Esq., Bridgwater.

C. R.—The gentleman named is not at present in this country.

A CASE OF DISTRESS.

To the Editor of THE LANCET.

SIR,—May I ask the favour of a small space in your columns to make known to the charitable the following case of real distress:—

The young widow of a surgeon (also the daughter of a medical man) in Cheshire has been left, by the sudden death of her husband, with three little children, without any means of support. If the two eldest girls, aged three and five, could be provided for and educated in some Orphanage, the mother would then be thankful and willing to go out in almost any capacity to earn her own living and that of her baby boy.

The case is well known to me, and I will gladly give more particulars if desired. I remain, Sir, yours obediently,

SELINA S. BRAMFOOT.

The Rectory, Lymm, Cheshire, Jan. 4th, 1866.

Angelo.—Such tension of high vitality can be maintained satisfactorily but for a comparatively short period of time.

King's Langley may with more advantage forward the question to the *Civil Engineer.*

TREATMENT OF ACUTE ECZEMA.

To the Editor of THE LANCET.

SIR,—I shall be extremely obliged by any suggestion that will allay the terrible itching in the following case, and allow the child and parents to get a little rest:—

A. B——, aged nine months, has since he was three months old been the subject of acute eczema, accompanied by intense itching; the latter symptom prevailing to an alarming extent, in spite of the use of every internal and local remedy I can suggest. The child has five teeth, takes his food well, has his bowels acting regularly, and his tongue clean.

I remain, Sir, yours truly,

January, 1866. A CONSTANT READER.

AUTHORS' PROOFS.

WE are compelled to omit this week *Mr. Power's* able letter on the "Preliminary Scientific Examination of the University of London." He has returned the proof of his letter with so many alterations as to involve almost as much trouble as the original setting up. We may take this opportunity, therefore, of requesting correspondents who favour us with letters to settle their text finally, as far as possible, before placing it in the printer's hands. The opposite course is an occasional source of *great* inconvenience to us.

THE communication of *Dr. Black* (Oban) on "Enteric Fever" shall be inserted next week.

Statistician must see the difference between a season of general sickness above the average and one of a high rate of mortality. They do not necessarily go together, though they may of course be combined.

INOCULATION OF CATTLE WITH SMALL-POX VIRUS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of last week, Dr. Murchison, in his article on "The Points of Resemblance between Cattle Plague and Small-pox," alludes to the fact that children in India inoculated with virus taken from a cow suffering from what was believed to be identical with small-pox in man, proved the hypothesis to be correct by themselves suffering from *true variola*, which in one instance proved fatal.

Now last year, in an island of the West Indies, during an epidemic of small-pox, the medical men ran short of vaccine lymph, and in order to make up the deficiency, a cow was inoculated with the virus taken from a *small-pox* pustule. Various pustules appeared on and about the udder (where the virus had been originally introduced), but otherwise the cow exhibited no symptoms of ill-health. A man was inoculated with the matter taken from one of these pustules. Soon after a vesicle exactly resembling genuine vaccine made its appearance, and went through the same course, except that at about the eighth day the patient had an *unusually* severe attack of fever, which symptom, however, became less severe in another person inoculated with matter taken from the first man's arm.

This inoculation seemed to have the desired effect; for although in some instances the persons who had been inoculated were particularly exposed to the danger of infection, yet none had the slightest symptoms of small-pox.

I may state that after the original matter taken from the cow had passed through several persons, the constitutional symptoms were not more severe than those observed in persons who have been vaccinated with true vaccine.

Now from this I would deduce the following fact:—That although small-pox (mahata, gotee) given from cow to man causes variola to appear in the latter to the destruction of life, yet small-pox virus transferred from man to cow becomes so much modified as to allow of its being with safety introduced into the human system, and, further, becomes a safeguard against an attack of small-pox.

Then I would submit that we have in small-pox virus as efficacious a safeguard against rinderpest as vaccine lymph is supposed to be; and if this be the case, the great demand (which must greatly exceed the supply) for lymph may be met. One patient suffering from small-pox would be able to supply matter sufficient to inoculate almost all the cows in the kingdom.

Your obedient servant,

Edinburgh, Jan. 15th, 1866. W. W. MYERS.

A Student, (Munich,) if he be really a student, ought to know better than to put such a question to a medical journalist. Any elementary work on Anatomy would give him the information he requires.

O. D. should place himself in the hands of his usual medical attendant, who can alone properly undertake the responsibility of advising our correspondent upon the point submitted to us.

Mr. Offley Shore.—At the National Vaccine Institution, Russell-place, Fitzroy-square.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—As yet the result of the labours of the Committee on the grievances of the army medical officers has not been made public; but rumours are afloat to the effect that but little good is likely to follow. Whether the Committee should recommend much or little to be done, one thing is certain—viz., that there is a wide difference between the "recommendations" of a Committee and the issue of orders *giving effect* to such recommendations.

It has been announced that there will be an examination of candidates for the army on the 19th of March, and there can be little doubt that if a decent supply can then be obtained, things will remain in their present state. There is no reason to hope for any improvements whatever if the authorities can only obtain a sufficient supply of surgeons to enable them to carry on the work. May we not reasonably fear that the appointment of the Committee was only a "trap" to induce candidates to come forward in March? Of course these are but conjectures; but surely it is only a measure of ordinary precaution to advise gentlemen who may be purposing to enter the army to refrain from doing so until improvements are not only "recommended," but *actually* in *operation*.

The conduct of the military authorities hitherto does not justify our placing confidence in the purity of their intentions towards our profession.

I am, Sir, your obedient servant,

January, 1866. A SURGEON.

To the Editor of THE LANCET.

SIR,—The more important desiderata of the medical department of the army may be briefly stated as follows:—

1. Assistant-surgeons, if not promoted in ten years, to have the brevet rank, pay, and privileges of surgeon until vacancies occur.

2. Unless on very rare occasions, promotion throughout all grades to be regulated strictly by seniority, as in the scientific corps of Artillery and Engineers, distinguished merit being rewarded by bestowing the pay of a higher grade with honorary distinction or decoration.

3. Full pay according to the scale proposed by Dr. Frederick J. Brown.

4. Retirement after twenty years' service on 18s. per diem; retirement after twenty-five years' service on 21s. per diem (or the minimum retiring pay of the superior grade); retirement after thirty years' service on full pay.

5. Compulsory retirement when the officer is found inefficient for duty.

I remain, Sir, yours truly,

January, 1866. A RETIRED DEPUTY INSPECTOR.

AN APPEAL.

THE assistance of the medical profession is earnestly entreated on behalf of Mr. Gregory, M.R.C.S., who returned from Australia last July, incapacitated by almost complete blindness, which Mr. Bowman, Mr. White Cooper, Mr. Dixon, and Mr. Haynes Walton have pronounced quite incurable. The following gentlemen, well knowing Mr. Gregory's past and present position, kindly permit references to them, and will receive subscriptions:—Barnard Holt, Esq., 14, Savile-row; Gilbert Mackmurdo, Esq., 7, New Broad-street; Dr. Basham, 17, Chester-street, Belgrave-square; Dr. Hudson, 11, Cork-street, Regent-street.

Accoucheur.—The fee may be recovered if the contract can be proved.

PAY OF MEDICAL OFFICERS IN INDIA.

To the Editor of THE LANCET.

SIR,—In the letter of your Dublin correspondent which appeared in your last impression, a statement is made with reference to the pay of medical officers serving in India, which is, I think, calculated to mislead young medical men about to enter the public services as to their prospects in that part of the world.

Now, the following is a correct statement of the monthly pay of the medical officers of the Royal army in India:—Assistant-surgeon under five years' service, £31 15*s.*; over five and under six years, £33 11*s.* 6*d.*; over six and under ten years, £43 7*s.* 4*d.*; over ten years' service, £45 3*s.* 9*d.* Should an assistant-surgeon happen to be in charge of a regiment or brigade of artillery, he receives an allowance of £15 per month extra. The surgeon's minimum pay is £78 18*s.* 4*d.* monthly, and increases with service up to £109 6*s.* 3*d.* In the Indian medical service a much higher scale of pay prevails. The assistant-surgeon on appointment receives £45 per month, after six years' service £60, and so on increasing with promotion and service.

Having had practical experience in the matter, I can truly say that the present mode of payment of the medical officers in India is far more satisfactory to the *majority* of those concerned than that which preceded it. The appointments to "charges" under the late *régime* were but too frequently the result of interest or friendship, to the exclusion of more deserving qualifications.

I am, Sir, your obedient servant,

January 14th, 1866. AN ASSISTANT-SURGEON.

Delta.—The disease is infectious, though its usual mode of advance is probably in another manner than by direct communication from person to person.

Student, (G.)—Aitken's and Erichsen's treatises.

Calculus Vesicæ.—The account of M. Erckmann's process is detailed in a pamphlet published at Paris, chez l'Auteur, 2, Rue de l'Ecluse (Batignolles).

Mr. T. O. Walker.—What other qualification has the person named?

A QUERY.

To the Editor of THE LANCET.

SIR,—Can any of your readers favour me with any light as to the pathology of the undermentioned case?

R. H——, aged about fifty, a tall, stout, healthy-looking man, somewhat corpulent, but hitherto very active, and accustomed to walking quickly, has been repeatedly seized of late when ascending a hill with pain commencing at the lower part of the sternum, radiating towards each nipple, and extending down *both* arms as far as the wrist, causing them to feel quite powerless. The pain comes on suddenly, and attains such degree of severity as to oblige him to stop, when it gradually subsides. The paroxysms are unattended with dyspnœa, syncope, or anxiety, and sensation of approaching dissolution (as described under angina pectoris); nor does the pain extend upwards into the neck, or backwards to the scapula, as in that disease. On examination of the heart, I could not detect any abnormal sound or irregularity in its action. I may add that the urine of late has been very much loaded with lithic acid and lithates; but with the internal administration of alkalies and colchicum these have disappeared.

Yours, &c.,

January 15th, 1866. AN ENQUIRER.

Dr. Brandt, (Madeira.)—The paper has been received, and will be commented upon in an early number.

Health should address a letter to the Medical Officer of the Privy Council, Whitehall, London, stating the facts respecting the nuisance complained of, and requesting his interference.

A. Z. X.—The better plan would be to go on with the attendance, and take no notice of the apparent slight. It is probable some explanation may be given.

TREATMENT OF CHRONIC ECZEMA.

To the Editor of THE LANCET.

SIR,—In all probability your correspondent, "Carolus," in the treatment of the above malady, omitted one prescription which I think would do well for his case. It is the white precipitate ointment and dilute hydrocyanic acid, in the proportion of one ounce of the former to half a drachm of the latter; thoroughly mix and make into an ointment, and apply it night and morning on a linen rag to the parts affected; but previous to each application, bathe the parts with a sugar of lead lotion, warm, four grains to one ounce of water. If the patient is an adult, twenty minims of the liquor or solution of bichloride of mercury, thrice a day, in water, is desirable; but if a child, grey powder, rhubarb, and carbonate of soda will prove very beneficial.

Hoping a fair trial will be given to this plan of treatment, and that the result will be made known in a future impression of your journal,

I remain, Sir, yours respectfully,

January 16th, 1866. A. R. B.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Brown-Séquard; Dr. Burdon Sanderson; Dr. T. K. Chambers; Dr. Bristowe; Dr. Maclean; Dr. Samuel Wilks; Dr. Stephen H. Ward; Dr. Tilbury Fox; Dr. Brinton; Dr. Gairdner, Glasgow; Mr. J. R. Lane; Dr. Farr; Dr. Buchanan, Glasgow; Dr. Crisp; Dr. Drummond, York; Dr. Woodman; Dr. J. Johnston; Mr. Booker; Dr. Compton; Dr. Gambier, Okehampton; Mr. Young, Yarra; Mr. Brennan; Dr. Gore, Hampstead; Mr. Davies, Colwyn; Mr. Holbrow, Stonehouse; Mr. Maurice; Dr. Barrett; Mr. J. Emerson Tennant; Dr. Clark, Chasetown; Dr. Murray; Mr. Leslie, Witney; Dr. Fairless; Dr. Fernie; Dr. Webster, Skye; Mr. W. Thomson; Mr. Shore; Dr. Marsh, Nottingham; Mr. Dale (with enclosure); Mr. Southam; Mr. D. Skey; Dr. Leichman; Dr. Cookson, Preston; Mr. Lodge; Mr. Hearne; Dr. Banister; Mr. Walsh; Mr. Rothwell; Mr. Griffin; Mr. Price; Dr. Evans, Bakewell; Mr. Blake; Mr. Colman (with enclosure); Dr. Fussell, Brighton; Dr. Platt, Chester; Dr. J. Williams; Mr. Myers; Mr. Threadgale; Mr. J. Deane, Cranbrook; Dr. Norris; Mr. Steele; Dr. Gwynn; Mr. S. Smith, Cotham; Mr. Rayner; Mr. Anderson; Capt. Galton; Dr. Druitt; Mr. Tailer; Mr. F. W. Cooper; Dr. Goyder; Mr. Miller, Dunbar; Mr. Martel; Messrs. Burgoyne and Co.; Dr. Black, Oban; Mr. Belcher; Mr. Nason, Nuneaton; Dr. Wrangham; Dr. Marriott; Dr. Willett; Dr. Peard; Dr. Boulton; Dr. Clark, Walsall; Mr. Napper; Mr. F. Smith, Penzance; Dr. Moore; Dr. Hoffmeister, Cowes; Mr. Buckmaster, Ramsgate; Mr. Troup; A University Physician; Sigma; R. D.; Accoucheur; T. O. W.; Justice; A Dairyman; Health; A Student; Subscriber; C. R. B.; Weston-super-Mare; C. R.; S. W. S.; Sherbornensis; An Assistant-Surgeon; A Constant Reader; J. W.; An Enquirer; M.D.; A Weekly Reader; H. F. (with enclosure); A Retired Deputy Inspector; North Briton; A. R. B.; John H. B.; Surgeon R.N.; Public Vaccinator; A. Z. X.; A Surgeon; Eczema; &c. &c.

Medical Diary of the Week.

Monday, Jan. 22.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Anstie (Lettsomian Lectures), "On Certain Painful Affections of the Fifth Nerve."

Tuesday, Jan. 23.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Heat."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Sir E. W. Belcher: "Remarks on the Andaman Islands, from the Notes of Lieutenant St. John."—Dr. Caddy: "Visit to Patagonians."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Radcliffe, "On a Case of Uncomplicated Myocarditis." — Mr. C. H. Moore, "On Arterio-Venous Cyst in the Popliteal Nerve; Amputation; Recovery."

Wednesday, Jan. 24.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7 P.M. Special Council.—8 P.M. Dr. Peacock, "On some of the Hospitals in the North of Europe, and on Hospital Construction." — Mr. Couper, "On a Case of Deficiency of the External Ear remedied by Operation."

Thursday, Jan. 25.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Heat."
KING'S COLLEGE MEDICAL SOCIETY.—8 P.M. Mr. Welch, "On Ovarian Cysts."

Friday, Jan. 26.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—8 P.M. Mr. S. W. Baker, "On the Sources of the Nile."

Saturday, Jan. 27.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Westmacott, "On Art Education."

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£3	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.